**Board Member Application**

**Candidate Name:**

**Date:**

**Contact Phone number:**

**Email:**

**Preferred method of contact:**

**Current employer and position:**

Please tell us why you are interested in serving as a Board Member of Tri-County CAP?

Please highlight any relevant experience and strengths that you feel would be helpful in your role as a Board Member. (You may also attach a resume to this application.)

Please describe any prior experience serving as a Board Member for other non-profit organizations or other relevant Volunteer experience.

The Tri-County CAP Board of Directors meets the last Tuesday of the month from 5 to 7 p.m. with remote Zoom option available. Are you consistently available at this time? YES NO

Are there any conflicts of interest or potential conflicts of interest that might influence your ability to serve as a Board Member? YES - Please describe NO

Is there any other information relevant to your candidacy that you would like us to consider?