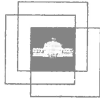


Como Park/Falcon Heights
Living at Home Block Nurse Program

1376 Hoyt Avenue West ~ Saint Paul, Minnesota 55108



Phone (651) 642-1127 ~ Fax (651) 644-3575

Supportive Neighborhood Services for Seniors

To express interest in serving on the Como Park/ Falcon Heights Living at Home Block Nurse Program, please complete this application and send it in care of the Program Director at the address above. Feel free to attach a resume and/or extra sheets if needed to answer the questions.

Name _____

Home Address _____

Work Information: Name of Company _____

Address: _____

Phone: Cell _____ Work _____ Home _____

Why are you interested in serving on our Board? _____

Relevant Experience and/or Employment OR Attach Resume _____

What experiences to date have you had as a volunteer board or committee member? _____

BOARD APPLICATION PAGE 2

Please check the following area(s) of expertise/contribution you feel you can make.

Skill/Talent/Knowledge	Very Experienced	Some Experience	Little or no Experience
Strategic planning			
Fundraising			
Board development (recruitment, training, evaluation)			
Program Planning and evaluation			
Recruiting, hiring and evaluating personnel			
Financial Management and control (budgeting, acctg)			
Communication, public and media relations			
Participation interagency committees			
Public Speaking			
Organizational Development			
Information Technology			
Writing, Journalism			
Special Events (planning and implementing)			
List other skills, knowledge not included above that you can offer:			

Please include details about items checked as “very experienced” or “some experience” in the section on experiences you have had as a board or committee member.

 (Signed) _____
 (Date)

FOR OFFICE/BOARD USE

Nominee has had a personal meeting with either Program Director, Board Chair, or another board member Date of meeting: _____ Person _____

Nominee application reviewed by the Board of Directors application committee _____
 (date)

Nominee attended a Board meeting: Date: _____
 Nominee interviewed by the Board: Date: _____

Action taken by the Board: _____

- Signed Code of Ethics/Confidentiality Policy received
- Signed Conflicts of Interest form received

Date: _____ Signed: _____
 Board Chair