



507 1st Avenue North
Escanaba MI 49829
906-786-7080 – Phone
906-786-9423 – Fax

CAA/HRA Board Member Application

Name: _____
(Please Print)

Phone: _____

Address: _____

Cell Phone: _____

Email: _____

Presently Employed: Y or N
(Circle One)

Company: _____

Position: _____

Retired: Y or N
(Circle One)

Company: _____

Position: _____

1. Why do you want to serve on the CAA/HRA Governing Board?

2. Please List skills/experience you feel you have to offer as a board member: _____

3. Please list organizations that you are currently a member of: _____

4. What CAA Programs are you familiar with? _____

5. Please list the names and phone numbers for two references. _____

We are required to run federal fraud, waste and abuse checks on all board members. Will you allow us to perform that check on you? Yes No

Do you have any relatives that are employed by MDSCAA or Head Start/Early Head Start? Y or N

If yes, please provide name of relative and relationship to you. _____

Signature _____

Date _____

Mission statement: Empower and assist people to improve and sustain their quality of life through nurturing, education, housing, nutrition, volunteerism, in home/support services and advocacy.