



COMMUNITY ACTION AGENCY HUMAN RESOURCES AUTHORITY

CAA is an equal opportunity provider and employer.

Menominee ■ Delta ■ Schoolcraft CAA/HRA BOARD MEMBER APPLICATION

NAME _____ PHONE _____
(Please print)

ADDRESS _____ CELL PHONE _____

EMAIL _____

PRESENTLY EMPLOYED Y N
(Circle one)

RETIRED Y N
(Circle one)

Company _____ Company _____

Position _____ Position _____

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

2. Please list your skills/experience that will make you an effective board member.

3. Please list organizations 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 are required to run background checks on all board members. Will you allow us to perform that check on you?

Y N
(Circle one)

We are always looking for prospective board members affiliated with organizations or businesses that would be an asset to our board and agency. Please list the names of people that might be a good fit.

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.