

**Application for the Community Council of South Central Texas, Inc. (CCSCT)
Volunteer Board of Directors**

Thank you for your interest in serving on the CCSCT Central Board of Directors. CCSCT offers equal opportunities to all applicants and is committed to equitable and fair selection procedures. Your application will be given every consideration but its completion does not imply that you will be appointed by CCSCT.

PLEASE COMPLETE THIS FORM AND RETURN TO CCSCT EXECUTIVE DIRECTOR AT 801 N. STATE HWY 123 BYPASS, SEGUIN, TEXAS 78155 BY _____. USE ADDITIONAL PAGES IF NEEDED.

Name _____
Last First Middle

Present address _____
Number Street City State Zip Code

E-mail address _____ Date of Birth _____

Phone _____ (home) _____ (work) _____ (cell)

1. Summarize your experience with and/or interest in our organization.

2. Have you previously served on the CCSCT Board of Directors? If so, please give dates of service and capacity.

3. Have you previously volunteered for another organization? If so, please specify.

4. Have you previously served on a non-profit board? If so, please specify.

5. What skills and knowledge are you able to bring to our Board? Please indicate your experience in the following areas:

Area	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 & control (budgeting and accounting)			
Communication, public and media relations			
Participation in interagency committees			
Public Speaking			
Organizational development			
Writing, journalism			
Special events (planning and implementing)			
Legal Expertise			
Early Childhood Education and Development			

For the items you checked as “very experienced” or “some experience”, please provide details.

6. For the past 10 years, have you ever been convicted of a crime other than a minor traffic offense? If yes, please explain.

7. List any certifications, licensures, and professional memberships.

8. Please list additional information you would like CCSCT to consider.

Signature of applicant _____ Date _____

Please attach resume if available
Thank you for your interest in our organization