

Nomination Form for Representatives of the Low-Income on the Board of Directors

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Community Action of Southeast Iowa is dedicated to alleviating the conditions and causes of poverty by building partnerships and strengthening people through quality services.

Name:			
Home Address:	City:	State/Zip:	
Cell Phone:	Home/Other Phone:		
E-Mail Address:			
Employer:			
Job Title:	May we d	May we contact you at work? Yes 📃 No 🗌	
If yes, at what phone # and w	when is the best time to call?		
Why are you interested i Income population?	n serving on the Board of Directors as	a representative of the Low-	
•	on or by Zoom the third Tuesday of the mo his fit into your schedule? Yes No	onth at 1:15 pm. The meeting usually	
•	: Have you used any agency programs? Yes	No 🗌 If yes, which ones:	
Head Start	Food Pantry	Parents as Teachers	
Early Head Start	Weatherization	Child & Adult Food Program	
	Emergency Rent or Utilities	Other:	
Energy Assistance	FaDSS		
	cy board or committee before? (This is not	required). Yes 📄 No 🗌	
Have you ever been an empl	oyee of this agency? Yes 🗌 No 🗌 If y	yes, when and in what position:	
Signature:		Date:	

Community Action of Southeast Iowa Programs are open to all eligible persons regardless of race, color, creed, national origin, religion, pregnancy, sex, gender identity, sexual orientation, age, physical or mental disability, genetic information, veteran's status, uniformed service, or any other characteristic protected by federal, state or local law. 2022 12 28