

FAMILY SERVICES COLLABORATIVE
Board of Directors
Application

Candidate Name: _____ Date: _____

Mailing Address: _____

E-mail Address: _____

Home Telephone: _____ Work Telephone: _____

Name of Employer: _____ Candidate's Title: _____

Educational Background: _____

1. Please list your experience serving on other Boards of Directors or advisory committees, particularly for child and/or family serving organizations:

<i>Name of Organization</i>	<i>Number of Years & Previous / Current</i>	<i>Committees</i>	<i>Offices Held</i>

2. What do you feel is the greatest strength you would bring to this board?

3. In what way do you feel you would benefit from this experience – how would it help you grow personally and/or professionally?

4. Please describe your knowledge/experience with collaboratives or collaboration:

5. To what other organizations are you connected or affiliated (*not listed in #1*)?

Health or human service agencies: _____

Civic/service groups: _____

Business community: _____

Educational system: _____

Other: _____

Signature: _____ Date: _____

PLEASE RETURN:

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Commitment: The Collaborative Board meets the 2nd Wednesday of every other month, Noon-1:30pm. The At-Large seats have a three-year term, renewable.