



# Board Nomination Form

## Candidate Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Special Skills \_\_\_\_\_

## Prior Experience (if any) with the EndBrainCancer Initiative | Chris Elliott Fund

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check any of the skills or experience that the candidate possesses.

- |   |   |
|---|---|
| <input type="checkbox"/> Finance, accounting              | <input type="checkbox"/> Management, administration |
| <input type="checkbox"/> Grant writing                    | <input type="checkbox"/> Nonprofit experience       |
| <input type="checkbox"/> Fundraising and special events   | <input type="checkbox"/> Legal                      |
| <input type="checkbox"/> Public relations, communications | <input type="checkbox"/> Contacts, networking       |
| <input type="checkbox"/> Other _____                      |   |

Affiliations or organizations the candidate belongs to (membership, professional, civic)

\_\_\_\_\_

\_\_\_\_\_

Submitted by:

Name \_\_\_\_\_ Date \_\_\_\_\_

Has his person been contacted to determine their interest in being nominated?

Yes

No

If yes, would he/she be willing to serve if elected?

Yes

No

Thank you for your nomination!