## Southern Maryland Tri-County Community Action Committee, Inc.



## **Board of Directors Candidate Application**

Date	RESUME: Please Attach
Name	
First M	ll Last
Residence: County:	
Address	
Phone	E-mail
Employer	
Name	
Your title	
Address	
County	
Phone	E-mail
Primary service(s) and area/population served  Preferred contact method ( ) Work phone	( ) Home phone ( ) E-Mail
Please list boards and committees that y community, fraternal, political, professional, re	<b>you serve on, or have served on</b> (business, civid creational, religious, or social).
Organization Role/Title	Dates of Service
Education/Training/Certificates	

LI LISMTCCACL C. C.	·
How would SMTCCAC benefit from your	involvement on the Board!
Skills, experience, and interests (Pleas	e check all that apply)
Finance, accounting Personnel, human resources Administration, management Education, instruction Community service Grant writing Fundraising Daycare	Policy development Public relations, communications Program evaluation Nonprofit experience Outreach, advocacy Special events Legal
Other	Other
Please list any groups, organizations, or bus SMTCCAC	sinesses that you could serve as a liaison on behalf
Please tell us anything else you'd like to sha	are.

## **Southern Maryland Tri-County Community Action Committee, Inc.**

POST OFFICE BOX 280 8371 OLD LEONARDTOWN ROAD HUGHESVILLE, MARYLAND 20637-0280 OFFICE NUMBER: (301) 274-4474 • FAX NUMBER: (301) 274-0637

EMAIL: myoung@smtccac.org
WEBSITE: www.smtccac.org