

**CENTER FOR COMMUNITY ACTION**  
*Serving Bedford, Fulton, Huntingdon, Juniata, and Mifflin Counties*

***BOARD OF DIRECTORS***  
**Application for Seat on Agency Board of Directors**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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Are you an elected official or elected to your position?      ( ) Yes      ( ) No

Have you ever served on the CCA Board before?      ( ) Yes      ( ) No

If yes, when? \_\_\_\_\_

Reason for interest in the CCA Board of Directors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Services or related experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Are you related to a current employee of CCA?                      ( ) Yes      ( ) No

If yes, name of employee: \_\_\_\_\_

Relationship: \_\_\_\_\_

If I become a member of the CCA Board I would be interested in serving on the following committee(s). NOTE: Each member must serve on at least one committee.

(Rank from 1 to 4)

- \_\_\_\_\_ By-Laws & Nominating Committee
- \_\_\_\_\_ Development and Finance
- \_\_\_\_\_ Executive Committee
- \_\_\_\_\_ Personnel

**STATEMENT OF COMMITMENT**

I understand that the CCA Board of Directors meets every month for the purpose of CCA business. If I become a member, I would attend regularly scheduled meetings. I also understand that if I miss three (3) consecutive regularly scheduled meetings, without reason, I will lose my seat on the Board. It is further understood that I will complete the Orientation Process (about one hour) and that I will not take my seat until the Orientation is complete.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*