

**APPLICATION FOR SEAT ON CENTER FOR COMMUNITY ACTION (CCA)
Serving Bedford, Fulton, Huntingdon, and Juniata, Mifflin Counties**

BOARD OF DIRECTORS
REPRESENTATIVE OF LOW-INCOME SECTOR

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

1. Why are you interested in serving on CCA Board of Directors? _____

2. Have you ever served on the CCA Board of Directors? Yes No

3. What experience do you have that would make you a good Board Member? For example: community service, volunteer activities, or related experience.

4. What do you know about CCA, its mission and the people the agency serves?

5. Do you have transportation to the monthly Board meetings? Yes No

6. Are you related to a current CCA employee? Yes No

If yes, please give name of employee. _____

Please state relationship to employee. _____

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7. Do you fall within the CCA income guidelines for your household size?
(Please refer to the following guidelines) Yes No

Number in Household	Household Annual Income
1	15,075
2	24,360
3	25,525
4	30,750
5	35,975
6	41,200

8. If you become a member of the CCA Board of Directors, would you be interested in serving on the following committee(s)?

NOTE: Each member must serve on at least one committee.

(Rank from 1 to 4)

- _____ Executive Committee
- _____ Personnel
- _____ By-Laws & Nominating Committee
- _____ Development and Finance

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