

COMMUNITY ACTION PARTNERSHIP OF SUBURBAN HENNEPIN
Questionnaire for Community Sector Applicants
Board of Directors

NAME: _____

Work Address: _____

_____ Phone: _____

Home Address: _____

_____ Phone: _____

Current Organizations/businesses you are active with: _____

My interest in being on the Board of Directors for Community Action Partnership of Suburban Hennepin is: _____

Other Current Community Involvement: _____

Special skills and experiences I will bring to the Board: _____

I understand the Board of Directors usually meets on the fourth Thursday of each month, starting at 6:30 PM.

_____ I have no conflicts with Board Meeting times.

_____ I do/may have some conflicts with Board Meeting times (explain).

Any other statements you would like to make: _____

Signature

Date

Please return to:

Community Action Partnership of Suburban Hennepin
8800 Highway 7, Suite #401
St. Louis Park, MN 55426
952-933-9639

**Board of Directors
Community Action Partnership of Suburban Hennepin**

Qualification Form
Community Sector Candidate

2016

NAME _____

ADDRESS _____

PHONE: Home _____ Work _____

I understand that to be a candidate for a seat on the Board of Directors of Community Action Partnership of Suburban Hennepin, I must be eligible for energy assistance, subsidized housing, WIC, food stamps, or other supplemental assistance, or meet the income qualification below. My signature below verifies that I meet at least one of these income requirements.

Signature _____ Date _____

Household Size	Income Guidelines
1	\$23,540
2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780