

COMMUNITY ACTION PARTNERSHIP OF HENNEPIN COUNTY

**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 Hennepin County 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 Hennepin County
8800 Highway 7, Suite #401
St. Louis Park, MN 55426
952-933-9639

Board of Directors
Community Action Partnership of Hennepin County
Qualification Form
Community Sector Candidate

2017

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 Hennepin County, 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	\$24,120
2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640