

MISSOURI OZARKS COMMUNITY ACTION
GOVERNING BOARD OF DIRECTORS APPLICATION
LOW INCOME REPRESENTATIVE

NOMINEE'S NAME:

HOME ADDRESS _____

PHONE NUMBERS:
Home _____ Work: _____ Cell: _____

Email Address _____

Employer _____

Occupation/Position _____

Name of Public Official or Organization you Represent _____

Are you nominating yourself? ____ If you are nominating another individual please print your name:

Do you have a background or expertise in?

Serving on Boards	Yes	No
Fiscal Management or Accounting	Yes	No
Early Childhood Education & Development	Yes	No
Education (Other than Early Childhood)	Yes	No
Business Administration	Yes	No
Community Affairs	Yes	No
Housing	Yes	No
Fundraising	Yes	No
Other	Yes	No

If yes, please describe background and/or expertise:

Are you a former Head Start Parent? _____

Are you presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily exclude by any federal department or agency? _____

If yes please attach an explanation to this application.

Have you or do you serve on any other boards by appointment or volunteer? Yes No

If yes, please name the boards _____

Have you been convicted or had a civil judgment rendered against you for commission or fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, for violation of federal of state antitrust statues or for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property? ____ **If yes, please attach an explanation to this application.**

Are you presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses above? _____ **If yes, please attach an explanation to this application.**

Have you had any public transactions (federal, state or local) terminated for cause or default during the three years prior to this application? _____ **If yes, please attach an explanation to this application.**

Will traveling to board meetings be a burden? _____

Will you have reliable transportation or ability to carpool? _____

Board meetings will be held monthly normally on the Fourth Thursday. Will your schedule allow this commitment? Yes ____ No ____

Why are you interested in serving on the Board?

Do you, any family members, or any entities with which you are associated, as an owner, partner, employee, officer, board member, or otherwise do business with MOCA? If yes, please describe below:

I hereby certify that all the information that I provide on this application or any other documents filled out in connection with this application, and in an interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am selected to serve on the Board and any such information is later found to be false or incomplete in any respect, I may be dismissed from the Board.

NAME: (Please Print)

SIGNATURE

DATE

Mail completed application and all documentation requested to MOCA, PO Box 69, Richland, Missouri 65556 or Fax to 573-765-4426, attention David Miller.

For more information contact David Miller, Executive Director at 573-765-3263 or dmiller@mocaaa.org.