



Gabriel's Angels – Southern Arizona Board Nominating Form

Dear Candidate:

Please complete the following information to assist our Nominating Committee in its selection of candidates for election to the Gabriel's Angels Southern Arizona Board. This is a fillable PDF, which you need to print out and either fax or return as a PDF by emailing to our office. Thank you.

Name: _____

Home Address: _____

Present Employer: _____

Dates of Employment: _____

Title or Position: _____

Work Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Fax:** _____

Preferred Email: _____

* Please note that if you type beyond the lines provided the letters will decrease in size.

Why would you like to be on the Southern AZ Board of Gabriel's Angels:

Current or past memberships in clubs, civic organizations or associations:

Current or past positions held on Committee or Board including organization name, title, description of duties and dates held:

Experience and familiarity with board responsibilities:

Experience and capability in each of the following areas:

Finance:

Marketing:

Fundraising:

Audit:

General management:

Communications:

Current or past volunteer work:

Education:

Are you immediately available and willing to serve? (Please circle.) Yes No

Is there any impediment to your attendance at regular Board meetings? (Please circle.) Yes No

Please supply any other information that you believe should be considered in evaluating your application to be a member of the Southern AZ Gabriel's Angels Board (limited to 50 words):

I understand that my nomination is at the pleasure of the Nominating Committee. I understand that the Nominating Committee seeks persons of the highest personal and professional integrity who have demonstrated exceptional ability and judgment to serve as independent members of Gabriel's Angels Southern AZ Board. I certify that:

- The information supplied in this self-nomination is complete and accurate to the best of my knowledge,
- I understand that if I provided false or misleading information it may be cause for disqualification from consideration in this process and that if it is discovered after I might be selected as a Board member, it may be cause for removal from that position,
- I understand that the information supplied to the Gabriel's Angels Nominating Committee in this process will be maintained as confidential by the Gabriel's Angels Nominating Committee and its agents, but I authorize the Gabriel's Angels Nominating Committee and its agents to verify the accuracy of the information I have provided and to use the information I have provided for all purposes related to this nomination process, and
- I understand that further and more detailed responses will be required of me if I become a final candidate.

I hereby give my permission for this nomination.

Nominated by: _____

Signature: _____ **Date:** _____

Return via email, fax or hard copy to:

Gabriel's Angels Southern Arizona Board Nominating Committee
C/O Chair, Nominating Committee
3849 E. Broadway Blvd. #292, Tucson, AZ 85716-5407

Phone: 602.266.0875 Toll Free Fax: 1.844.272.7580
E-mail: info@gabrielsangels.org