

**JCA ALUMNI ASSOCIATION
BOARD MEMBER NOMINATION FORM**

NAME: _____

YEAR OF GRADUATION: _____ SCHOOL: _____
(SFA/DLS/JCHS/JCA)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ E-MAIL: _____

SPOUSE NAME: _____ HIGH SCHOOL: _____

CHILDREN (NAME & AGE): _____

POST HIGH SCHOOL EDUCATION (IF APPLICABLE)

SCHOOL: _____ DEGREE: _____ YEAR: _____

SCHOOL: _____ DEGREE: _____ YEAR: _____

OCCUPATION: _____

EMPLOYER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE : _____ WORK E-MAIL: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. WHY DO YOU WANT TO SERVE AS A BOARD MEMBER FOR THE JCA ALUMNI ASSOCIATION?

2. WHAT ARE YOUR ASSETS AND ABILITIES THAT WILL ALLOW YOU TO CONTRIBUTE TO THE ALUMNI ASSOCIATION?

3. DO YOU UNDERSTAND THAT THE BOARD MEETS 8 TIMES PER YEAR, WITH ADDITIONAL COMMITTEE MEETINGS AND EVENTS, AND ARE YOU ABLE TO MEET SUCH OBLIGATIONS?

4. WHAT, AS YOU SEE IT, IS THE ROLE OF THE JCA ALUMNI ASSOCIATION BOARD OF DIRECTORS?

5. WHAT JCA ALUMNI ASSOCIATION EVENTS HAVE YOU BEEN ABLE TO ATTEND IN THE PAST 5 YEARS?

SIGNED

DATE