

CAPLAW SAMPLE POLICY

CAA Board of Directors Questionnaire (Head Start Grantee)

Name: _____

Home Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Employer: _____

Occupation/Position: _____

Name of Public Official or Organization You Represent: _____

Other Boards You Now Serve On or Have Served on in Past Five Years and Positions Held (indicate years of service): _____

Volunteer Activities: _____

Do You Have A Background or Expertise in [Revise as appropriate for your CAA, starred questions are required for Head Start grantees]:

- Fiscal Management or Accounting*: _____
- Early Childhood Education and Development*: _____
- Education (other than Early Childhood)*: _____
- Business Administration*: _____
- Community Affairs*: _____
- Elder Services _____
- Health Services _____
- Housing _____
- Fundraising _____
- Other: _____

If Yes, please describe background and/or expertise: _____

Are you a licensed attorney*? ____ Please describe areas of the law in which you practice or with which you are familiar, including issues that come before the Board

Are you a current or former Head Start parent*?

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 the CAA? If yes, please describe below:

Name (Please Print)

Signature

Date

Please attach current resume, if available.

DRAFT