

## 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?

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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:

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Name (Please Print)

Signature

Date

*Please attach current resume, if available.*

DRAFT