



Candidate Questionnaire Form

Olde Oaks Community Improvement Association

Name: _____

Address: _____

Phone Number: (____) _____ Work Number: (____) _____

Alternate Number: (____) _____ E-mail: _____

How long have you lived in the community? _____

Have you ever served as a Committee Member or as a Board Member? _____

If so what position? _____ What is your Career status? _____

What do you see as the two (2) major concerns in the Community?

1. _____

2. _____

How would you propose to solve them? _____

How much time can you commit to the Board in a month? _____

If needed, can you be called at your job? _____

What are your desired goals to achieve for the Association if you were to become a member?

List your three most important goals:

1. _____ 2. _____ 3. _____

Please write a brief bio on yourself and your interest to serve on the Board of Directors, which could help us get to know you better.

I understand that this "Prospective Board Member Questionnaire" will become a part of the records of the Olde Oaks Community Improvement Association, subject to inspection and copying by Members of the Association.

Printed Name _____ Signature _____

For Association Use: Date Received _____

By _____