DATE SUBMITTED:_____

S.E.C.C.I.
Southeast Colorado
Cancer Initiative

Board Member Application & Overview

Thank you for your interest in serving on the Board of Directors for Southeast Colorado Cancer Initiative (SECCI). Board members play a vital role in advancing SECCI's mission and ensuring compassionate, effective support for cancer patients across Southeast Colorado.

Any individual aged eighteen (18) years or older is eligible to apply. All applications are submitted to the Agency President and disseminated to the Board of Directors at the next regular meeting. Board members will have fourteen (14) calendar days to privately review the application and provide individual feedback to the Executive Committee. The Executive Committee will evaluate all feedback received and present a recommendation to the full Board of Directors at the following regular meeting. Approval of new board members requires a majority vote. The overall application and review process may take up to sixty (60) days, or two (2) calendar months. If approved, the applicant will be formally added to the Agency's membership log by the Secretary of Record, and will be required to sign the Board of Directors Expectations and Standards (see attached) as a condition of final admission. SECCI does not require annual dues for board service.

All applicants must provide one personal reference and one professional reference as part of the application. These references help SECCI ensure that prospective board members demonstrate integrity, reliability, and a commitment to serving our communities. Letters of Recommendation are welcomed and may be submitted alongside this application.

- **Why We Request References:** SECCI entrusts its board members with sensitive information, financial oversight, and direct support of individuals undergoing cancer treatment. Personal and professional references help confirm an applicant's character, work ethic, and ability to uphold SECCI's mission and standards.
- **Personal Reference Restrictions:** Personal references **may not** be provided by immediate family. Immediate family includes a spouse, child, parent, spouse of a child, sibling, or spouse of a sibling. This requirement ensures an unbiased and well-rounded assessment of the applicant.

1. **Applicant Name:**_____
   (First) (Last)

2. **Physical Address:**_____
   (Street and Number)

   _____
   (City) (State) (Zip Code)

3. **Mailing Address:**_____
   (Street and Number)

   _____
   (City) (State) (Zip Code)

S.E.C.C.I.
Southeast Colorado
Cancer Initiative

4. **Email Address:**_____

5. **Cell Phone Number:**_____

6. **Occupation & Employer:**_____

7. **Educational Background:**_____

8. **Professional Reference:**_____
(First Name) (Last Name)

_____
(Phone Number) (Email Address)

9. **Personal Reference:**_____
(First Name) (Last Name)

_____
(Phone Number) (Email Address)

10. **What information do you think should be considered for your appointment to the SECCI Board?** (ex: professional/personal experience, boards & and committees, community activities)

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11. **What made you want to apply for a SECCI Board seat?**

_____

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_____

SIGNATURE:_____ **DATE:**_____

BOARD APPROVAL:_____**DATE:**_____