



# The National Native American Boarding School Healing Coalition

## Board Nomination Form

### Candidate Information

Name \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_

Home address \_\_\_\_\_

Home phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Work phone number \_\_\_\_\_

Employment/Position \_\_\_\_\_

Education \_\_\_\_\_

Previous experience (if any) with **(name or org)**  
\_\_\_\_\_  
\_\_\_\_\_

Please check any of the following skills or experience that the candidate possesses.

- |   |  |
|---|--|
| <input type="checkbox"/> Finance, accounting              | <input type="checkbox"/> Management, administration                  |
| <input type="checkbox"/> Grant writing                    | <input type="checkbox"/> Nonprofit experience                        |
| <input type="checkbox"/> Fundraising and special events   | <input type="checkbox"/> Teaching experience, curriculum development |
| <input type="checkbox"/> Public relations, communications | <input type="checkbox"/> Contacts, networking                        |
| <input type="checkbox"/> Other _____                      | <input type="checkbox"/> Other _____                                 |

Affiliations or organizations the candidate belongs to (e.g., membership, professional, civic).  
\_\_\_\_\_  
\_\_\_\_\_

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**Email to [info@nabshc.org](mailto:info@nabshc.org)**

### Submitted by:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Has this person been contacted to determine their interest in being nominated?  
\_\_\_\_ Yes      \_\_\_\_ No

Thank you for your nomination!