



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).

Email to 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!