



# Lawrence CommunityWorks, Inc.: Board of Directors Nomination Form

Annual Meeting Date: **April 12, 2025**

This form must be emailed, faxed, or delivered in person by **January 31, 2025, at 5:00 pm** to be considered.

LCW members may submit multiple nominations for any of the Board positions.  
*Please use additional nomination forms when doing so.*

Nominee is an LCW Member: Yes  No

Candidate was contacted and informed of this nomination on date: \_\_\_\_\_ No

If NO, please stop here and contact the Nominee prior to completing this form.

Candidate Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Previous experience (if any) with LCW: \_\_\_\_\_

Please check any of the following skills or experience the candidate possesses:

- |  |  |
|--|--|
| <input type="checkbox"/> Finance / accounting        | <input type="checkbox"/> Nonprofit experience              |
| <input type="checkbox"/> Grant writing / fundraising | <input type="checkbox"/> Teaching / curriculum development |
| <input type="checkbox"/> Event planning              | <input type="checkbox"/> Contacts / networking             |
| <input type="checkbox"/> Communications / outreach   | Other: _____   |
| <input type="checkbox"/> Management / administration | Other: _____   |

Qualities of the Nominee, which the Nominating Committee Should Consider: \_\_\_\_\_

\_\_\_\_\_

**Please remember to include your personal contact information. Thank you for your nomination!**

I am an LCW Member: Yes  No

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_