



UDVC

BOARD NOMINATION FORM

NOTE: Nominators must obtain the signed approval of the person being nominated prior to submitting this form to the UDVC Governance Committee. If this is a self-nomination, please check the box below in the Nominee section and complete the required information.

Nominator Information

Date of Nomination	
Name	
Address	
Office Phone	
Cell Phone	
Email Address	
UDVC Affiliation	<input type="checkbox"/> Former Staff <input type="checkbox"/> Current Staff <input type="checkbox"/> Former Board <input type="checkbox"/> Current Board <input type="checkbox"/> UDVC Member <input type="checkbox"/> Other _____
Dates of Service	

Nominee Information

Self-Nomination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nominee Name	
Nominee Address	
Nominee Office Phone	
Nominee Cell Phone	
Nominee Email Address	
Place of Employment	
Employment Title	
UDVC Affiliation	<input type="checkbox"/> Former Staff <input type="checkbox"/> Current Staff <input type="checkbox"/> Former Board <input type="checkbox"/> Current Board <input type="checkbox"/> UDVC Member <input type="checkbox"/> Other _____
UDVC Membership Name	
Dates of Service	

Demographic Information

The UDVC values the diversity of its members in skills, background, perspective, age, and ethnicity. To the best of your knowledge, please provide the following in connection to the nominee:

Ethnicity	
Age	<input type="checkbox"/> Under 31 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-65 <input type="checkbox"/> Over 65

Professional Experience

- | | |
|--|--|
| <input type="checkbox"/> Business / Corporate Leadership | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Banking / Finance / Investment | <input type="checkbox"/> Marketing / Branding |
| <input type="checkbox"/> Accounting (CPA) | <input type="checkbox"/> Public Relations / Media |
| <input type="checkbox"/> Fundraising/Development | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Technology / Digital Media |
| <input type="checkbox"/> Government / Legislative / Advocacy | <input type="checkbox"/> Real Estate / Facilities Management |
| <input type="checkbox"/> Other: (Please Specify) _____ | <input type="checkbox"/> Nonprofit Management |

Background & Experience

In the sections below, please detail the background and experience, contribution to UDVC, and commitment to mission that make this nominee a great candidate for the UDVC Board of Directors.

<p>I. Background & Experience</p> <p>Please detail the professional experience and volunteer work, including board participation and any elected or appointed offices.</p> <p>Please attach a recent biography (if available).</p>	
<p>II. Contribution to the UDVC</p> <p>Why do you believe this individual will serve as an effective UDVC Board Member?</p> <p>What skills, capabilities, experience, resources, perspectives and/or attributes do you believe this individual will provide to the UDVC Board of Directors and organization?</p> <p>Will this individual represent the best interests and perspectives of the UDVC (a statewide organization)?</p>	
<p>III. Mission Commitment</p> <p>Describe how the nominee lives and embodies the mission of the UDVC.</p>	
<p>IV. Additional Comments</p> <p>Please list other ways in which the nominee will contribute to the UDVC Board (optional):</p>	
<p>I am including the following attachments:</p>	<p><input type="checkbox"/> Recent resume or Curriculum Vitae</p> <p><input type="checkbox"/> Biography <input type="checkbox"/> Photo</p>

Nominee & Nominator Signatures

Nominee Nomination Acceptance	<i>I accept this nomination to the UDVC Board of Directors and I have read and agree to the Board Member Responsibilities.</i>
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Nominee Signature _____

Nominee Printed Name _____

Nominee Signature Date _____

Nominator Signature _____

Nominator Printed Name _____

Nominator Signature Date _____



UTAH DOMESTIC VIOLENCE COALITION