

## AIDS Connecticut Board of Directors Nomination Form

To the ACT Board of Directors Nominating Committee: I recommend that the person listed below be considered for nomination to serve on the Board of Directors. (*Email form to [jmerz@aidz-ct.org](mailto:jmerz@aidz-ct.org)*)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Email \_\_\_\_\_

***Please Attach a Copy of the Person's Resume***

\* \* \*

Skills of Interest to ACT

Other active community involvement

What involvement, if any, has this person had with ACT?

Why are you recommending this person?

Please add any other information below

Recommended by \_\_\_\_\_ Date \_\_\_\_\_

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\*Generally a 3 year term

\*Representing a member agency (51% of board) or community member