

## **Board Candidate Application**

Family Service Agency of DeKalb County, Inc (FSA) is a 501(c)3 organization in DeKalb County. FSA operates 5 programs throughout DeKalb County.

- Center for Counseling
- Children's Advocacy Center
- Community Action Program
- Senior Services
- Youth Mentoring

FSA's has a tripartite board that is compromised of equal numbers of private sector, public sector, and democratically elected low-income representatives, who are responsible for policy, governance and strategic oversight of the agency.

Low-Income Board Member candidates must meet the following criteria:

- Must be low-income residents of DeKalb County (at or below 200% of federal poverty level), or be a service provider/representative for low-income residents of DeKalb County
- Must be a legal resident of the United States
- Must be 18 years of age or older at the time of nomination
- Must be nominated by 10 or more self-proclaimed low-income residents of DeKalb County
- Must not be an employee of an organization that could present a conflict of interest with FSA, as determined by its Board of Directors

FSA will hold elections as needed to fill vacancies in the low-income sector.

Sector in which you rep	oresent: Private Client	Public	
Applicant Name:			
Mailing Address:			
City:	State:	Zip:	
Email:			
Employer:			
Title/Position:			
Previous involvement v	vith FSA, if yes please explain:		
Why do you want to ser	rve on the FSA Board?		

Please list other current and	-		
Check the boxes to indicate	your experience and skills:		
☐ Nonprofit Financial	Legal/Regulatory	Accounting	Technology
Risk Management	Human Resources	Marketing	Diversity
Evaluation/Assessment	Customer Service	Management	Public Relations
Other Experience and Skills	that you possess that you w	ould bring to the agenc	y:
Have you been convicted of	a felony?  Yes	No	
Have you ever been indicate	ed on a child abuse/neglect of	charge? Yes I	No
Have you ever been found g	uilty of elder abuse?  Ye	s 🗌 No	
I certify that all the informat	ion that I have given is true	. If elected to the board	I agree to comply with
FSA's bylaws and all other p	policies and procedures of the	he agency.	
Signature		Date	