

CMF Court Application/Nomination Form



Applicant/Nominee Information:

Name: _____ (First, MI, Last)
Street Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Eve Phone: _____ Cell Phone: _____
Email address: _____
Occupation: _____
Name of business/school: _____

Skills / Areas of Expertise (check any/all that apply):

<input type="checkbox"/> Print Layout / Design	<input type="checkbox"/> Database Management	<input type="checkbox"/> Project Management
<input type="checkbox"/> Floral / Display / Prop Design	<input type="checkbox"/> Accounting / Bookkeeping	<input type="checkbox"/> Web Design / Management
<input type="checkbox"/> Networking	<input type="checkbox"/> Sales	<input type="checkbox"/> Marketing / Public Relations
<input type="checkbox"/> Legal consulting	<input type="checkbox"/> Volunteer Coordination	<input type="checkbox"/> Meeting Facilitation
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Food / Beverage Management	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Activism	<input type="checkbox"/> Other: _____

Other Organization Affiliations:

Previous Employment / Careers That Might Be of Interest:

Free Text: Why do you want to be a CMF Court member?

If there is only one thing you could accomplish on the CMF Court, what do you hope it would be?

Have the duties and responsibilities (and benefits) of being on the CMF Court been adequately explained?

Applicant/Nominee Signature _____

Referral: Section to be completed by a current court or community member making the nomination:

Why are you nominating this person / why do you think he/she will make a good court member?

Applicant Signature _____

Referral Signature _____