



JEWISH FAMILY SERVICE OF LACKAWANNA COUNTY

615 Jefferson Avenue, Suite 204, Scranton, PA 18510

Phone: (570) 344-1186 Fax: (570) 344-7641 E-Mail: info@jfsolackawanna.org

Board Nomination Form

Candidate Information

Name _____

Home address _____

Home phone number _____

E-mail address _____

Work phone number _____

Employment/Position _____

Education _____

Previous experience (if any) with Jewish Family Service of Lackawanna County

Please circle any of the following skills or experience that the candidate possesses.

Finance, accounting

Grant writing

Fundraising and special events

Public relations, communications

Other _____

Management, administration

Nonprofit experience

Teaching experience, curriculum development

Contacts, networking

Other _____

Affiliations or organizations the candidate belongs to (e.g., membership, professional, civic).

Submitted by

Name _____ Date _____

Phone _____ E-mail _____

Has this person been contacted to determine their interest in being nominated?

_____ Yes

_____ No

If "yes," would he/she be willing to serve if elected? _____ Yes

_____ No

Thank you for your nomination