BOARD MEMBER NOMINATION FORM

GRAAMA
GRAND RAPIDS AFRICAN AMERICAN MUSEUM & ARCHIVES

*This electronic PDF form is fillable and can be saved **only** when using the Adobe Reader application. The user can select the "Submit" button located on page 2 to forward the completed form or print and mail to: GRAAMA, 87 Monroe Center, Grand Rapids, MI 49503.*

NOMINATOR INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ EMAIL: _____

NOMINEE INFORMATION

☐ *same as above*

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ EMAIL: _____

Please describe why you are nominating yourself/this individual to serve on the Board of Directors.

What do you know about this person? Have you worked with him/her before, and if so, in what capacity? (If you are nominating yourself, please provide a reference and contact info.)

What particular skills do(es) you/this individual have that would suit the role?

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What other volunteer roles have prepared you/this individual for a position on the Board of Directors?

What is your/this individual's strongest attribute(s)?

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