

Inter-County Community Council  
P.O. Box 189  
Oklee, MN 56742  
218-796-5144  
[www.intercountycc.org](http://www.intercountycc.org)

**Program Eligible Board Nomination Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

County: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please list any civic, professional and community activities that you have been involved in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By applying to be on the Inter-County Community Council Governing Board, I understand there are expectations, including but not limited to the following:

- Belief and commitment to the agency's mission.
- Exhibiting high ethical standards and integrity in Board discussions and decisions.
- Accepting responsibility and support for Board decisions.
- Disclosure of any conflicts of interest in matters under Board consideration.
- Regular attendance at Board meetings.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

I certify that I am receiving, have received or are eligible for Community Action Services.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date