

**Nomination for QCW Board of Trustees**

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

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

City, State, Zip code: \_\_\_\_\_

Daytime Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Company/Organization Name: \_\_\_\_\_

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

Position/Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_

**Relevant professional and personal skills:**

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

**Demographic information (if available):**

**Age Group:**

Under 35 [ ]  
35 – 50 [ ]  
51 – 61 [ ]  
Over 65 [ ]

**Gender:**

Male [ ]  
Female [ ]

**Ethnicity:**

African American, not of Hispanic origin [ ]  
White, not of Hispanic origin [ ]  
Asian [ ]  
Hispanic [ ]  
American Indian or Alaskan Native [ ]  
Pacific Islander [ ]

**Related program experience:**

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

**Could contribute expertise in the following areas:**

Legal [ ]  
Planning [ ]  
Fund-raising [ ]  
Marketing [ ]  
Education [ ]  
Government [ ]  
Public Relations [ ]  
Event Management [ ]  
Financial Management [ ]  
Administrative/Business management [ ]

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other nonprofit (or board) experiences:**

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**Other affiliations (individuals, corporations, foundations):**

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**You would be an asset to the QCW Board of Trustees because:**

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**Any additional comments:**

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**Nominated by:**

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**Complete and return to:**  
Queen City Wheels  
President