CASTLE ROCK
SENIOR ACTIVITY CENTER
"Loving Life in the Second Half"

SELF- NOMINATION AND ACCEPTANCE FOR CRSAC BOARD ELECTIONS

DUE BY AUGUST 5, 2022

I, _____
(Full name of the candidate as the name will appear on the ballot, cannot use titles such as "MD," "Reverend," or "Chief")

whose email address is: _____ and phone number is _____.

I hereby nominate myself and accept such nomination for the office of _____ on the Board of Directors of the Castle Rock Senior Activity Center for the November _____ election and will serve if elected.

I affirm that have been a member in good standing of the Castle Rock Senior Center for at least one year (or will be a member in good standing for one year as of the date of the election) and I meet all of the following qualifications:

☐ VOLUNTEER EXPERIENCE I have served in the following volunteer position(s) for a cumulative period of at least one year within the last five years: (list volunteer position(s) and dates (if running for treasurer, volunteer position must be on the finance committee):

_____

_____

_____

☐ BACKGROUND CHECK:

I have previously completed a satisfactory background check through the Senior Center

(or)

I will submit and complete a background check through the senior center, within 3 business days of being provided with the link and will cover any out of pocket costs associated with such check.

(For election committee: candidates' background check was satisfactory and meets our requirements _____)

☐ I have received and reviewed the job description and board expectations for the position sought attached my one -page biography, which includes: a statement of why I wish to serve, my qualifications, and how my qualifications best serve the Senior Center in the position I am seeking.

I further affirm that I am familiar with the Bylaws and Voting and Campaign Procedures and I will abide by all provisions therein.

DATED this _____day of _____ , 20___.

_____
(Signature of Candidate)

_____
(Printed Full Name of Candidate)

_____
(Email Address)

_____
(Telephone Number)

For Use by Election Committee:

Received on: _____, at: _____ Received by: _____
(Date) (Time) (Name)

Self-Nomination Form Deemed:

Sufficient on: _____ (Date/Time)

Not Sufficient on: _____ Candidate Notified on: _____ (Date)