



**Missouri School Age Community Coalition  
Candidate for Board of Directors**

**CONTACT INFORMATION**

|                      |              |
|----------------------|--------------|
| Name:                |              |
| Home Address:        | City/St/Zip: |
| Home/Cell Phone:     |              |
| Agency/Organization: |              |
| Work Address:        | City/St/Zip: |
| Work Phone:          |              |
| Email Address:       |              |

**Provide a brief description of yourself and why you would make a good candidate for the MOSAC2 Board:**

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**EDUCATION HISTORY**

|                              |                                   |
|------------------------------|-----------------------------------|
| University/College Attended: |                                   |
| Degree Received:             | # of hrs. completed if no degree: |

|                              |                                   |
|------------------------------|-----------------------------------|
| University/College Attended: |                                   |
| Degree Received:             | # of hrs. completed if no degree: |

|                       |                 |
|-----------------------|-----------------|
| High School Attended: | HS Diploma/GED: |
|-----------------------|-----------------|

*“The mission of the Missouri School Age Community Coalition is to support and unify professionals in providing quality out-of-school programs.”*

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**WORK EXPERIENCE**

|                                 |                    |
|---------------------------------|--------------------|
| Current Employer:               | Period of service: |
| Position/description of duties: |                    |
|                                 |                    |
|                                 |                    |

|                                 |                    |
|---------------------------------|--------------------|
| Previous Employer:              | Period of service: |
| Position/description of duties: |                    |
|                                 |                    |
|                                 |                    |

**Please provide other qualifications:**

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**BOARD EXPERIENCE**

|                      |                  |
|----------------------|------------------|
| Agency/Organization: | Time of Service: |
| Position(s) Held:    |                  |

|                      |                  |
|----------------------|------------------|
| Agency/Organization: | Time of Service: |
| Position(s) Held:    |                  |

**REFERENCES**

|        |                       |
|--------|-----------------------|
| Name:  | Company/Organization: |
| Phone: | Email Address:        |

|        |                       |
|--------|-----------------------|
| Name:  | Company/Organization: |
| Phone: | Email Address:        |

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