



Alaskan AIDS Assistance Association Board Candidate Application

Name _____
Address _____
Phone (H) _____ (W) _____ (Fax) _____ (E-mail) _____
Profession _____ Employer _____

Please list 2 or 3 ways that you can contribute to the Four A's:

Please list any previous and current board experience and relevant affiliations:

Please describe why you are interested in serving on the Four A's Board of Directors:

Special Areas Knowledge and/or Experience: (Check all applicable and describe below.)

- | | |
|---|--|
| <input type="checkbox"/> Board Experience | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Personnel Policy and/or Human Resources | <input type="checkbox"/> Alaskan Native Community |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Military Community |
| <input type="checkbox"/> Public Relations, Advertising or Marketing | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Political and/or Community Contacts | <input type="checkbox"/> Contacts |
| <input type="checkbox"/> Training and/or Program Development | <input type="checkbox"/> Facility Management |
| <input type="checkbox"/> Business and/or Strategic Planning | <input type="checkbox"/> Negotiating or Facilitating |
| <input type="checkbox"/> Computer and/or Technology Specialties | <input type="checkbox"/> Medical or Health Care |
| <input type="checkbox"/> Personal HIV/AIDS Knowledge, Experience | |

Responses to the following are optional and used to determine board composition required for some grants.

Sex: Female Male Transgendered **Age:** Under 35 35-60 Over 60
Occupation: _____ **Industry:** _____
Ethnicity: Black White Hispanic Asian AK Native / Native American
 Other (describe) : _____

Please attach your resume to application and return by email to hdavis@alaskanids.org
or mail to Four A's • 1057 West Fireweed Lane - Suite 102 • Anchorage, AK 99503