

Feel Safe Again, Inc.

**2009-2010 Board of Directors
NOMINATION FORM**

Please complete and return this form to the Feel Safe Again, Inc. Nominating Committee, by mail, to P.O. Box 490188, Everett, Massachusetts 02149 or e-mail to CDarisse@feelsafeagain.org by **Friday, October 9, 2009**. Please ensure all candidate profile information is completed before returning.

CANDIDATE INFORMATION

Candidate Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____

CANDIDATE PROFILE

Please check the following categories that describe the Feel Safe Again, Inc. nominee:
 Re-elected Director Newly elected Director Advisory Board

PUBLIC RELATIONS EXPERIENCE

Please complete **all** categories applying to the nominee:
Years of public relations practice: _____ /Years of previous Board service: _____
Volunteer experience:

COMMENTARY

Candidates, or an individual nominating a candidate, may make a statement of no more than four sentences describing why the individual being nominated would make a worthy member of the Feel Safe Again, Inc. Board. This will appear in the candidate profile **unedited**.
EXAMPLE: Mr./Ms.....would be an excellent candidate because of his/her.....etc.

AUTHORIZATION

This section must be completed by the nominee.

I agree to let my name stand for nomination to the Board of Directors of the non-profit organization Feel Safe Again, Inc.

Signature

Date

If you have any questions, please feel free to call:
Cheryl Darisse, LPN
Founder and President
(888) 99B-SAFE