

Community Concern of WNY, Inc.
Committee/Board Candidate Recommendation Form

Please complete and return this form, along with a resume if possible. Community Concern of WNY, Inc. will review the information for consideration for service to Community Concern of WNY, Inc. Thank you!

Name: _____

Home Address: _____

Telephone # _____

Company Name: _____

Work Address: _____

City/State: _____ Zip: _____

Telephone # _____

Business/Profession and responsibility therein:

Work E-Mail Address _____ check if preferred

Home E-Mail Address _____

Please place an "X" before areas to which you bring skills, training and/or experience.

Pension Trusts/Investments

Quality Assurance

Finance/Accounting

Facilities Management/Safety

Corporate Business

Insurance/Loss Control

Computers/Systems

Behavioral Health

Fundraising/Marketing

Geriatric/Elderly Services

Public Relations/Media

Nursing/Medical

Law

Volunteers

Education

Strategic Planning

Human Resources

Pension/Trusts/Investments

Volunteer Recruiting

Human Resources

Healthcare

Geriatric/Elderly Services

Add any additional skill areas you may be willing to share:

Are you a parent/relative of an individual with a mental illness? Yes No

What are your thoughts or interests in working on behalf of mental health clients?

What are your thoughts or interests in working on behalf of our senior population?

How could we best use your expertise to assist the people we serve?

Who recommended you for a Board Member?

Signature: _____

Date: _____

Send to: Jerry S. Bartone, Executive Director
 Community Concern of WNY, Inc.
 6722 Erie Road
 Derby, NY 14047