



BOARD MEMBER APPLICATION FORM

ALIANZA: Latino Business Association (ALBA) aims to advocate, promote and facilitate the success of Hispanic-owned businesses within the confines of Section 501© (6) of the Internal Revenue Code of 1986, and specifically, but not limited to, serve the Hispanic business community in the Des Moines area in the following ways:

- (a) Implementing and strengthening national, state and local programs that assist the economic development of Hispanic businesses.
(b) Serving as a liaison to increase business relationships and partnerships between the corporate sector and Hispanic-owned businesses.
(c) Promoting international trade between Iowa Hispanic-owned businesses and the rest of the world.
(d) Monitoring legislation, policies and programs that affect the Hispanic business community.
(e) Providing technical assistance to Hispanic business, associations and entrepreneurs.
(f) To implement all activities of ALBA to accomplish its goals.
(g) To provide volunteers and facilities as needed to implement the goals and objectives of ALBA.

The mission of ALIANZA is to promote the success of Des Moines-area based Hispanic-owned businesses through education, advocacy, networking opportunities, and by serving as a link to and for the Hispanic market.

APPLICATION INSTRUCTIONS:

- 1. Please complete this form in its entirety,
2. Sign using your typed name as a signature.
3. Save your responses digitally on this form or print the form and complete by hand.
4. E-mail the completed form as an attachment by March 25, 2010 to Claudia Schabel at: schabel@q.com or fax the completed form to 515-286-4974.

PLEASE E-MAIL OR FAX FORM BY MARCH 25, 2010

APPLICANT'S NAME

WORK ADDRESS

HOME ADDRESS

STATE

ZIP CODE

WORK PHONE

HOME PHONE

E-MAIL ADDRESS

PLEASE INDICATE PREFERRED CONTACT ADDRESS/PHONE

[] WORK [] HOME

EMPLOYER

TITLE

Please explain your interest in participating on the Board of Directors.

What skills or areas of expertise would you bring to the Board of Directors?

What date are you available to begin serving on the Board of Directors?

Attendance at monthly board meetings, as well as ongoing committee meetings is required of all Board members. Do you have the time to commit to these necessary meetings?

YES NO

Please list the names of other boards that you have participated on, along with your position and the duration of your term with each.

Please list any professional or social organizations of which you are or have been a member.

Please list two professional and two personal references:

PROFESSIONAL 1

Name: _____

Address: _____

Telephone: _____

PROFESSIONAL 2

Name: _____

Address: _____

Telephone: _____

PERSONAL 1

Name: _____

Address: _____

Telephone: _____

PERSONAL 2

Name: _____

Address: _____

Telephone: _____

PERSONAL COMMITMENT STATEMENT

I hereby certify that the information I've provided in this application is a true and factual account of my experience and capabilities.

My signature below grants ALIANZA permission to contact the references I've provided and to further inquire about my experience as a potential candidate for the organization's Board of Directors.

I understand that ALIANZA reserves the right to evaluate Board member performance annually and to make recommendations accordingly.

Applicant's Signature (*typed name will serve as digital signature*):

Date: _____

Nominated by (if other than self):

Name:

Phone:
