

Recovery Café Lexington, Inc.

Board of Directors' Nomination

Nomination Process: an individual may be nominated to the Board of Directors by a Recovery Café Lexington Board or Staff Member or through self-nomination. In both cases this form must be completed, and all questions must be answered.

| minee Name: Date of Application: | | | | |
|--|----------|----------------------------|--------------|-------------------|
| Phone Number: | l: | | | |
| Nominated by: | OR | Self-Nomination/Appl | ication | |
| Does the Nominee live in the Greater Lexingto | on-Fayet | te Metro area? | YES | NO |
| Does the Nominee have experience as a Board | l Membe | r of a Non-Profit? | YES | NO |
| Does the Nominee have experience volunteering for a Non-Profit? | | | YES | NO |
| Is the Nominee a volunteer at Recovery Café Lexington? | | | YES | NO |
| What was and/or is the Nominee's occupation | ı? | | | |
| Recovery Café Lexington has made a commitr with Substance Use Disorder on our Board of | | - * | | uals diagnosed |
| In general terms, please describe your experie in a professional capacity); What does recover | | ` • | riends, fam | ily, personal, or |
| How did you learn about Recovery Café Lexin | gton? | | | |
| As a member of the Board of Director's your c | _ | onsibility is to provide f | ïscal oversi | ght. Are you |
| Another function of the member of the Board raising money for nonprofits and/or are you c | | <u> </u> | _ | xperience |
| Please describe any experience (educational, p member of the Board of Directors of Recovery | | - · | l be helpful | to you as a |