



Greater Erie Community Action Committee
18 West Ninth Street
Erie, PA 16501
814-459-4581
Fax: 814-456-0161
www.gecac.org

Thank you for your interest in serving on the GECAC Board of the Directors. As a component of our selection process, we ask that you please complete the following application. You may use additional pages if required.

Date: _____

Name: _____
First Middle Last

Residence

Address: _____

Phone: _____ Email: _____

Employer

Name: _____

Your title: _____

Address: _____

Phone: _____ Email: _____

Type of business or organization: _____

Primary service(s) and area/ population served: _____

Preferred method of contact: ☐ work phone ☐ work email
☐ personal phone ☐ personal email

Please complete this survey to determine the skill set you bring to the GECAC Board.

Please indicate your experience in the following areas:	Very experienced	Some experience	Little or no experience
Strategic planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board development (recruitment, training, evaluation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program planning and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting, hiring and evaluating personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of social media eg; Facebook, Instagram, Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication, public and media relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills			
MS Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry specific			
Marketing/Public Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special events (planning and implementing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Savvy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate your experience in the following areas:	Very experienced	Some experience	Little or no experience
Financial Management and Control (budgeting, accounting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STEM (Science, Technology, Engineering, Math)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare Industry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation, Maintenance and Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law and Public Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Production/Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales and Related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation and Service Related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Development/Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Resources			
Religious Affiliations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connections to Community Foundations/Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic understanding of community needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the items you checked as “very experienced” or “some experience,” please provide details below.

How do you feel GECAC would benefit from your involvement on the Board?

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of GECAC.
