FELLOWSHIP OF CHRISTIAN ATHLETES

Who is filling this out? (Circle one)
Board Member or Staff Member

FCA Prospective Leadership Board Candidate Nomination Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (___) _____ **Mobile Phone:** (___) _____

Company and/or Occupation: _____

In order to provide an initial profile, please rate the prospective Board member in the following areas:

	Low				High
Knowledge of FCA	1	2	3	4	5
Commitment to the vision and mission of FCA	1	2	3	4	5
Current volunteer involvement in FCA	1	2	3	4	5
Leadership capacity	1	2	3	4	5
Ability to give or raise funds	1	2	3	4	5
Community recognition and influence	1	2	3	4	5

In what ways do you see this individual contributing to this Board?

Why are your referring this person?

Name of person who is making this referral: _____

FCA STAFF: Do you want this candidate to be your one representative on the Leadership Board?

Yes_____ No_____