**2024 LeadingAge Massachusetts Board of Trustees Nomination Form**

Please complete all requested information and submit to LeadingAge Massachusetts by June 28, 2024; Form should be emailed to [esherman@LeadingAgeMA.org](mailto:esherman@LeadingAgeMA.org) with “Board Nomination” in the subject line.

|  |  |
| --- | --- |
| Nominee: | Title: |
| Organization: | Address: |
| Phone: | Email: |
| Provider Type (please describe level/type of services offered by the nominee’s organization or indicate if this is a strategic nominee): |  |

If you are nominating someone other than yourself, what is your name, organization and contact information:

|  |  |
| --- | --- |
| Nominator Name: | Organization |
| Email: | Phone: |
| Have you confirmed that the nominee is interested in serving on the Board of Trustees? \_\_\_\_Yes \_\_\_\_\_No | |

Please indicate whether the nominee has **significant** experience and particular expertise in any of the following areas together with a brief description of that expertise and experience.

|  |  |  |
| --- | --- | --- |
| Governance |  |  |
| Diversity, Equity and Inclusion |  |  |
| Financial |  |  |
| Marketing/PR |  |  |
| Fundraising/Philanthropy |  |  |
| Leadership/Organizational Development |  |  |
| Advocacy/ Public Policy |  |  |
| Partnership Development/Connector |  |  |
| Workforce Development |  |  |
| Technology |  |  |
| Other (please indicate) |  |  |

Does the nominee have other/previous experience sitting on a not-for-profit Board of Directors/Trustees?

Yes\_\_\_ No \_\_\_ Don’t Know \_\_\_ If yes, please identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In addition to the information requested above, **please attach a copy of the nominee’s resume or CV.**

In the space below, please provide a brief statement discussing why the nominee would be a good candidate for the LeadingAge Massachusetts Board of Trustees.