



NCCAP Board Candidate Profile

Dear Candidate:

You have been selected as a candidate for Election. To fulfill this commitment, please provide the following information for the Nominating Committee. The Committee will review your application, and should your qualifications not meet the NCCAP requirements set forth in our by-laws, you will be notified by a member of the Committee and will not be considered for the current elections.

NCCAP
317 Office Square Lane, Suite 202A
Virginia Beach, VA 23462
PHONE (757) 552-0653 | FAX 757-552-0143
info@nccap.org

Please Print Clearly or Type

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

HOME PHONE: _____ BUSINESS PHONE: _____

____ Thank you for your consideration, however, I am unable to make the commitment at this time for such a Volunteer Service position. Please remove my name from the selection process. (If interested in being nominated as a candidate for election, please continue the application.)

Level of Certification: AAC _____ ADC _____ ACC _____

Education: High School _____ GED _____ Associates _____ Bachelor _____ Masters _____

Are you or have you been employed in the care and service of Senior Residents within the past two (2) years? Yes No

Position: Activity Director _____ Assistant _____ Consultant _____ Volunteer Coordinator _____



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Type of Facility or Community: SNF ____ AL ____ Retirement ____ Other _____

Facility or Community Name: _____

Work Responsibilities:

Instructor: NCCAP Basic/ Advanced MEPAP Course ____ College ____ Independent ____

Consultant: Independent ____ Corporation ____ Volunteer Experience ____

Are you active in your State/Local Activity Director organization? Yes No

State/Local Association Name _____

Current/Past Offices held _____

Are you active in other professional organizations relevant to the activity profession? (Please name/offices held)

Interest/skills



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NCCAP Mission Statement:

Please relate how NCCAP has worked for you in your professional life, and relate any aspirations you have if elected to the position.

To complete this profile all candidates are required to:

- Submit two (2) letters of recommendation.
- Enclose a copy of your NCCAP Certification card

With my signature, this is to verify that all information provided in this application is accurate and verifiable to the best of my knowledge.

Signed _____ Date _____
Candidate Signature

Signed _____ Date _____
Nomination Chair

Note: The NCCAP Board of Directors makes all final decisions with regard to acceptance as a Board Candidate.

Additional comments may be included below. (Include additional pages if needed.)