



**UPHS Board of Directors Nomination Form**  
**October 1, 2020 - September 30, 2021**

UPHS Official Use:

UPHS Members form a network of like-minded individuals/organizations dedicated to supporting and advocating for public and private nonprofit human service agencies of the Big Bend.

## NOMINATED MEMBER INFORMATION

**Legal Name of Member Organization:**

**Name & Title of Primary Organization Contact:**

**Mailing Address:**

**Date of Birth (Month/Day):**

**Telephone:**

**Cell:**

**Email:**

**Nominator:**

## REFERENCES

**Name:**

**Relationship:**

**Address:**

**Phone:**

**Name:**

**Relationship:**

**Address:**

**Phone:**

## SIGNATURE

**I authorize the verification of the information. I have received a copy of this form.**

Signature

Date

**Please complete the following questionnaire in the provided space.**

Please list current and past volunteer/community service activities which you have participated.

Why are you interested in serving on the Board of Directors for United Partners for Human Services?

How can you be an asset to United Partners for Human Services in continuing its mission?

**Please send this application, completed in its entirety to:**

**United Partners for Human Services:**

2477 Tim Gamble Place

Suite 200

Tallahassee, FL 32308-4386

**Or email Amber R. Tynan at [amber@uphsfl.org](mailto:amber@uphsfl.org)**

**Thank You for Your Interest!**