



The Little Italy Association of San Diego  
Board of Directors' Nomination Application

**DUE: Friday, August 20, 2021 by 5:00pm**

Note: Applicant may answer questions by simply attaching a resume.

Board Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (Day): \_\_\_\_\_ (Eve): \_\_\_\_\_

I am applying for a Little Italy Association:

Business Owner Seat     Property Owner Seat

Residential/Tenant Seat     Community-at-Large Rep. Seat

**Past/Current Community Involvement**

Current or past Board positions:

<u>Organization</u>	<u>From/To</u>	<u>Organization</u>	<u>From/To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fundraising Experience:

<u>Organization</u>	<u>Amount Raised</u>	<u>Please describe your role</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Experience:

<u>Organization</u>	<u>Please describe your role</u>
_____	_____
_____	_____
_____	_____
_____	_____

Current or past relation(s) with The Little Italy Association:

<u>Contact</u>	<u>Please describe</u>
_____	_____
_____	_____
_____	_____

### Skills / Qualifications

Please describe skills you possess that you feel equip you to serve on the Board of Directors:

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Please describe any unique strengths that you will bring to the Board of Directors:

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Please provide any additional information about yourself that you feel demonstrates your qualifications:

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Please select your committee/task force(s) you wish to sit on, if appointed:

Finance       District Identity & Street Improvements (DISI)  
 Project Review       Neighborhood Advisory       Parking & Mobility

Please tell us why you wish to be a member of the Board of Directors':

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### References

I authorize representatives of The Little Italy Association to contact the references I have provided below:

Name	Title	Phone	Organization
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify that the statements made in this application are true and correct to the best of my knowledge. It is understood that this application will be reviewed by the Nominations Committee of The Little Italy Association. I also understand that the Nomination Committee reserves the right to decline applications for membership for and reason without explanation. I also agree to fulfill my "Get-or-Give" obligation set-forth by the Little Italy Association Board of Directors.

Signature \_\_\_\_\_

\_\_\_\_\_ Date