Nominee Information Sheet

The information you provide here will be printed on the nomination ballot for the board members in each region. The information you share will help other members in your region select the candidate they feel will best represent their region on the Illinois After-school Network (IAN) Board.

Please include a short bio with this form.

PLEASE E-mail or FAX to IAN
Illinois AfterSchool Network (IAN)
3695 S. 6th Street, Suite N800
Springfield, IL 62703

E-mail: ianetwrk@att.net

Fax Number: 217-585-1530

Name: ________________________________
Business/Employer Name: ________________________________
Title/Position: ________________________________
Address: __________________________________________
City: __________________________________________
State: __________________________________________
Zip: __________________________________________
Phone: __________________________________________
e-mail: __________________________________________
Fax: __________________________________________
Cell phone: (optional) ________________________________

Number of years in the field of Out of School /Afterschool: ________________________________
Discuss your philosophy of Out of school/Afterschool time:


Why would you like to be a member of the IAN Board of directors?


What relevant experience and skills, including professional experience and service on other boards, would you bring to the IAN Board of Directors?


What contributions do you think you can make to the Board of IAN?


