



4317 Lead Ave. SE, Ste. A  
Albuquerque, NM 87108  
P: 505-265-2300  
F: 505-265-3600  
www.sclonm.org

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## **Prospective Board Member Application**

*The Senior Citizens' Law Office, Inc. (SCLO) is a 501(C)(3) nonprofit organization established in 1983.*

*SCLO's mission is to provide quality civil legal services to residents of New Mexico aged sixty (60) and older, in order to uphold their rights, maximize their autonomy and to ensure that they receive the benefits to which they are entitled.*

*SCLO's mission is accomplished through funders such as the Aging & Long-Term Services Department, the Bernalillo Area Agency on Aging, the City of Albuquerque, the Civil Legal Services Commission, and individual and corporate donors.*

*SCLO's vision is to work towards providing free, holistic legal services for all vulnerable, low-income New Mexicans aged sixty (60) and older statewide.*

The purpose of this application is to enable the current SCLO Board to make appropriate choices of Board Members to serve SCLO and older New Mexicans in our community.

Applicants interested in serving as a board member should first read and understand the expectations of Board Membership below, read and understand the By-Laws and submit a completed application.

SCLO Board of Director Expectations include but are not limited to the following:

- Support the Mission and Vision Statement of SCLO.
- Dedicate time to SCLO and Board meetings.
- Participate actively in Board meetings, actions, fundraisers and public events.
- Have no more than three unexcused absences from Board meetings and/or activities
- Ensure that SCLO is well-maintained, financially secure, growing and operating in the best interest of those the organization serves.



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Prospective Board Member Application

1. Candidate Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Current Position: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

3. Recruited by: \_\_\_\_\_

4. For Relevant Education, Employment and Volunteer Experience: **Please Attach Resume.**

5. Please check the below expertise/contribution you feel you can make to further the mission of SCLO: *Check all that apply.*

<input type="checkbox"/> Accounting/CPA	<input type="checkbox"/> Insurance
<input type="checkbox"/> Administration/Management	<input type="checkbox"/> Law/Elder
<input type="checkbox"/> Banking	<input type="checkbox"/> Law/Employment
<input type="checkbox"/> Business Management	<input type="checkbox"/> Law/Legal Services
<input type="checkbox"/> City/County/State Government	<input type="checkbox"/> Law/Commercial Leases
<input type="checkbox"/> Financial Advisor	<input type="checkbox"/> Legislative Advocacy
<input type="checkbox"/> Grant Writing/Management	<input type="checkbox"/> Nonprofit Experience
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Other (list):

6. Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, and social).

Organization	Role/Title	Dates of Service



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- 7. Are there any constraints on the length of time that you would be available to serve?  
 Yes  No If yes, please explain: \_\_\_\_\_
- 8. How much time could you devote each month to Board activities?  
 2-4 hours  9-12 hours  Over 16 hours  
 5-8 hours  13-16 hours

By signing below, I attest that the information I have provided is true and correct. Additionally, my signature represents my agreement to the following statements:

- I understand and agree to the SCLO Board of Directors Expectations.
- I agree to participate pursuant to the Policies, Procedures and Bylaws of SCLO.
- I understand that if conflicts prevent me from performing the rules and expectations as a Board Member, I may be removed from the Board by a majority vote.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you very much for applying.***  
Application can be submitted electronically to: [kheyman@sclonm.org](mailto:kheyman@sclonm.org)  
or hand delivered to SCLO.  
**Please Attach Resume to Application.**

For Board Use Only

- \_\_\_ Nominee has had a meeting with an existing Board Member. Who/Date? \_\_\_\_\_
- \_\_\_ Nominee reviewed by the committee. Date? \_\_\_\_\_
- \_\_\_ Nominee proposed to the Board. Date? \_\_\_\_\_
- \_\_\_ Board action:  Elected  Rejected Date? \_\_\_\_\_