St. Tammany Parish Government
Department of Health and Human Services
Community Action Agency
520 Old Spanish Trail 3C
Slidell, La. 70433
Phone: (985) 646-2090
Fax: (985) 643-5843

Pat Brister
Parish President

Community Service Block Grant
Community Action Agency
Advisory Board Application

Date: _____

Name: _____

Residence

Address:

_____

Telephone:

_____

Email (if applicable):_____

Employer (if Applicable)

Name: _____

Job Title: _____

Address:

_____

Phone: _____

Email (if applicable):_____

Type of Business or organization: _____

Preferred method: ☐ Phone ☐ E Mail

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Parish President

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

Please discuss your interest and commitment to our self-sufficiency mission of Community Action Agency (St. Tammany):

_____
_____
_____
_____
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_____
_____
_____
_____
_____
_____
_____

Skills, experience and interests (Please mark an X next to all that apply)**:**

_____ Advocacy/Outreach
_____ Communication/ Public Relations
_____ Grant writing
_____ Strategic planning
_____ Other _____
_____ Other _____

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How do you feel Community Action Agency would benefit from your involvement on the Board?

_____
_____
_____
_____
_____
_____
_____
_____

Please list groups, organizations or businesses that you could serve as a liaison to on behalf of Community Action Agency:

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Please tell us anything else you would like to share:

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