

# South Dakota Arts Council Board Member Nomination Form

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Please check the option that best describes this nomination and provide the the requested information.

**SELF-NOMINATION:** I am interested in and willing to serve on the advisory board of the South Dakota Arts Council. I understand the responsibilities of a Council member and the time commitment and agree to complete my duties as a Council member and meet assigned deadlines if appointed.

**NOMINATING ANOTHER PERSON:** I, \_\_\_\_\_ of \_\_\_\_\_, SD, have spoken with the nominee, who understands the responsibilities of a Council member and the time commitment and agrees to complete the duties as a Council member and meet assigned deadlines if appointed.

## NOMINEE INFORMATION

Name

Address

City

State

Zip

Phone (Please list the best contact number)

Email (Please list the best email address)

Place of work/Organization

Position/Title

## NOMINEE DEMOGRAPHICS

The South Dakota Arts Council strives for Council representation that is balanced in many ways. In order to develop a Council that reflects South Dakota's diverse populations, cultures and citizens, we request information on the Nominee's background. This data will be viewed by Arts Council staff and may be submitted to the Governor's office for appointee consideration. The questions below are optional, but completion is appreciated.

### GENDER

Male

Female

Other/explain if desired

### AGE

18 - 24

25 - 45

46 - 64

65 +

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**NOMINEE DEMOGRAPHICS** (continued)

**ETHNIC BACKGROUND**

Asian/Pacific Islander

Native American/Alaskan Native

Black/African American

White/Not Hispanic

Hispanic/Latino/Chicano

Multicultural (more than one category applies)

Middle Eastern/North African

Other/please explain

**DISABILITY**

I have a disability

Please indicate special accommodations required

I require special accommodations to participate

**NOMINEE'S INTEREST**

Please briefly describe the Nominee's interest, experience and skills that would help in serving as a Council member. (Limit your response to 500 characters)

**CONFLICT OF INTEREST**

Please list all nonprofit organizations with which the Nominee would have a conflict of interest. (Limit your response to 500 characters)

**LETTERS OF SUPPORT/RECOMMENDATION**

Please attach at least 1 and up to 3 letters of support/recommendation to encourage the Governor to appoint this person to serve on the South Dakota Arts Council.

**AGREEMENT:** I certify that the information on this form is true and correct. (Please sign and date)

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Signature & Title

Date

Please complete this form, save the completed form for your files. Submit via email to [Rebecca.Cruse@state.sd.us](mailto:Rebecca.Cruse@state.sd.us).  
Questions? Call the SDAC at 605-773-3301

You may instead mail to:  
South Dakota Arts Council  
711 East Wells Ave.  
Pierre, SD 57501-3369