

South Dakota Arts Council Board Member Nomination Form

Please check the option that best describes this nomination and provide 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 +

NOMINEE DEMOGRAPHICS (continued)

ETHNIC BACKGROUND

- | | |
|---|---|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American/Alaskan Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White/Not Hispanic |
| <input type="checkbox"/> Hispanic/Latino/Chicano | <input type="checkbox"/> Multicultural (more than one category applies) |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> Other/please explain |

DISABILITY

- | | |
|--|---|
| <input type="checkbox"/> I have a disability | Please indicate special accommodations required |
| <input type="checkbox"/> I require special accommodations to participate | |

NOMINEE EXPERTISE (Select all that apply)

- | | |
|-----------------------|---------------------|
| Film/Media Arts | Music |
| Folk/Traditional Arts | Theatre/Opera/Dance |
| Literature | Visual Arts |
| Multi-Disciplinary | Arts Education |

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 the space provided)

CONFLICT OF INTEREST

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

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)

Signature & Title

Date

Please complete this form, scan, and submit via email to Rebecca.Cruise@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