



2017 CCAO NOMINATING COMMITTEE CANDIDATE QUESTIONNAIRE

(Please return with your Nominating Committee Form on or before October 20, 2017)

NAME

COUNTY

1. List what you consider your most important attributes for the position requested, why you want to serve, and what you can contribute to the Board?

2. Please list any specific areas in which you may have contacts or expertise that will be beneficial to CCAO.

3. Please list any specific state or federal legislative initiatives or issues that you have a special interest in and that you would like to work on.

4. Please complete the following sentence: "If I could change one thing at CCAO I would:

5. Please suggest any new programs, services, activities, or strategies you feel CCAO should initiate or develop.



County Risk
Sharing Authority

Fax: 614-220-0209
www.corsa.org



Fax: 614-229-4588
www.cebco.org



Fax: 614-221-6986
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