

Feel Safe Again, Inc.

**2005-2006 Board of Directors
NOMINATION FORM**

Please complete and return this form by **Monday, October 3, 2005** to the Feel Safe Again, Inc. Nominating Committee, by mail, to

39 Library Street Hudson
New Hampshire 03051
Attention: Cheryl Darisse

Please ensure all candidate profile information is completed before returning.

CANDIDATE INFORMATION

Candidate Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____

CANDIDATE PROFILE

Please check the following categories that describe the Feel Safe Again, Inc. nominee:
_____ re-elected Director _____ newly elected Director

PUBLIC RELATIONS EXPERIENCE

Please complete all categories applying to the nominee:

Years of public relations practice: _____ years
Years of previous Board service: _____ years
Volunteer experience:

COMMENTARY

Candidates, or an individual nominating a candidate, may make a statement of no more than four sentences describing why the individual being nominated would make a worthy member of the Feel Safe Again, Inc. Board. This will appear in the candidate profile unedited.

EXAMPLE: Mr./Ms.....would be an excellent candidate because of his/her.....etc.

AUTHORIZATION

This section must be completed by the nominee.

I agree to let my name stand for nomination to the Board of Directors of the non-profit organization Feel Safe Again, Inc.

Signature

Date

If you have any questions, please feel free to call:
Cheryl Darisse
Founder/President
(888) 99B-SAFE