

**Feel Safe Again, Inc.**  
**2006-2007 Board of Directors**  
**NOMINATION FORM**

Please complete and return this form to the Feel Safe Again, Inc. Nominating Committee, by mail, to 39 Library Street Hudson, New Hampshire 03051 Attention: Cheryl Darisse by **Monday, October 11, 2006**. 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      \_\_\_\_\_ Advisory Board

**PUBLIC RELATIONS EXPERIENCE**

Please complete **all** categories applying to the nominee:  
Years of public relations practice: \_\_\_\_\_ /Years of previous Board service: \_\_\_\_\_  
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