****Strategic Alliance Advisory Committee Nomination Form

The Phoenix Residence, Inc. & Phoenix Service Corporation

Thank you for your interest in serving as a volunteer on the Strategic Alliance Advisory Committee. This committee supports both nonprofit organizations in evaluating and pursuing strategic partnerships and collaborations to advance our mission of supporting individuals with disabilities and mental health challenges.

Please complete the form below and return it to the Nominating Committee for consideration.

# Nominee Information

* Full Name:
* Address:
* City/State/Zip:
* Day Phone:
* Evening Phone:
* Email:
* Current Employer/Organization (if applicable):
* Title/Position:
* Type of Business/Organization:

# Relevant Professional and Personal Experience

* Please check all that apply:
* ☐ Nonprofit or Business Leadership
* ☐ Legal Experience in Mergers & Acquisitions or Corporate Transactions
* ☐ Finance/Accounting (e.g., CPA) or Business Transitions
* ☐ Experience with Affiliation Agreements
* ☐ Strategic Planning or Organizational Change
* ☐ Change Communication / Public Relations

Please provide a brief summary of your relevant experience:

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# A logo for a company  AI-generated content may be incorrect.A logo for a wheelchair  AI-generated content may be incorrect.

# Other Community or Professional Affiliations

(e.g., Boards, Corporations, Foundations)

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# Why Would This Individual Be an Asset to the Committee?

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# Additional Comments

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# Nominated By (if applicable)

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Nominee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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