



## **NIQCA PEER REVIEWER PROFILE FORM**

### **PERSONAL INFORMATION.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employment status: Currently Employed \_\_\_ Retired \_\_\_ Other \_\_\_

### **EMPLOYMENT – WORK EXPERIENCE INFORMATION.**

\* Current or last employer: \_\_\_\_\_

\* Current or if retired last position title: \_\_\_\_\_

\* # of years in current or if retired last position: \_\_\_\_\_

\* Total # of years of work experience related to your professional training: \_\_\_\_\_

CAA work experience: \_\_\_\_\_?

\* Which, if any, of the following areas of management have you had direct work experience (Circle all that apply):

- Agency Governance
- Operational Management and Organizational Structure
- Planning, Marketing, Fundraising
- Information Technology
- Human Resources
- Finance and Budget

In your career have you ever been disciplined or sanctioned for violations of law, regulation or ethical misconduct?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **Other Information.**

Have you had prior experience as a peer reviewer or related role? Yes: \_\_\_\_\_

No: \_\_\_\_\_

Are you willing to participate in peer reviewer certification training? Yes: \_\_\_\_\_

No: \_\_\_\_\_

Are you willing to review and sign the NIQCA peer reviewer Confidentiality and Code of Conduct agreements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Please return completed Profile Form and current resume to Bill Hunter, Executive Director, NIQCA by email([whunter@masscap.org](mailto:whunter@masscap.org)), fax (617-357-6542) or mail to 105 Chauncy Street, Suite 301 Boston, MA. 02111. For answers to any questions call 508-380-1398.**