



Consultant Information Form

Name:

Phone:

Email: _____

Title:

Address:

Agency:
Agency
website:

Areas of Expertise:

- 1.
- 2.
- 3.

I am willing to do this (check one): _____ fee for service

I am willing to do this (check one): _____ pro bono

Both (for fee and pro bono): _____

Three References from Nonprofit Organizations (please list name, title, duration/type of relationship and organization).

1. Organization Name:

Individual with Whom You Worked:

Title:

Phone Number:

Type of Consulting:

Date Performed Within the Last Year:

Within the Last 2-4 Years:

2. Organization Name:

Individual with Whom You Worked:

Title:

Phone Number:

Type of Consulting:

Date Performed Within the Last Year:

Within the Last 2-4 Years:

3. Organization Name:

Individual with Whom You Worked:

Title:

Phone Number:

Type of Consulting:

Date Performed Within Last Year:

Within the Last 2-4 Years:

Please attach resume.

Please return this form to:

Nonprofit Assistance Center - NAC
1415 Wyckoff Road
Farmingdale, NJ 07727
Phone: 732-938-5988
Fax: 732-938-2850
E-mail: staff@monac.org
Website: www.monac.org