
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:

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Executive Director
Nonprofit Assistance Center - NAC
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Farmingdale, NJ 07727
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