

APPLICATION FOR BOARD MEMBERSHIP Please return the application to Denise Meyer at denise.m@drsnoco.org

DATE OF APPLICATION:

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

OCCUPATION:

1. WHAT EXPERIENCE, SKILLS OR KNOWLEDGE CAN YOU CONTRIBUTE TO THE BOARD AND THE AGENCY? PLEASE LIST ANY CREDENTIALING, LICENSE OR DEGREE. WHAT ARE YOUR AREAS OF EXPERTISE?

2. WHAT UNDERSTANDING, KNOWLEDGE OR EXPERIENCE DO YOU HAVE REGARDING PERSONS WITH DISABILITIES AND/OR THE DISABILITY COMMUNITY?

3. WHAT DO YOU KNOW ABOUT DRS?

4. WHY DO YOU WANT TO BE ON THE BOARD OF DIRECTORS FOR DRS?

- 5. HAVE YOU SERVED ON A BOARD OF DIRECTORS BEFORE? YES ____NO ____
- THE BOARD OF DIRECTORS MAINTAINS A 51% REPRESENTATION OF PERSONS WITH DISABILITIES. DO YOU HAVE A DISABILITY? YES _____ NO _____ (If yes, please describe it since the Board is mandated by the Rehabilitation Act to have a cross section of disabilities represented and over 51% people with significant disabilities)

7. WHAT OTHER ORGANIZATIONS OR COMMUNITY ACTIVITIES HAVE YOU BEEN INVOLVED IN?

- A KEY AREA OF BOARD MEMBER PARTICIPATION IS TO SUPPORT DRS MONETARILY AND ASSIST IN MARKETING, FUNDRAISING AND OTHER PUBLIC RELATIONS ACTIVITIES. DO YOU HAVE EXPERIENCE AND/OR A WILLINGNESS TO PARTICIPATE IN THESE AREAS? YES _____ NO _____
- HOW MUCH TIME (AVERAGE) CAN YOU GIVE THE AGENCY OUTSIDE OF BOARD MEETINGS FOR COMMITTEE MEETINGS, FUNDRAISING ACTIVITIES, ETC.?
 HOURS PER MONTH.
- 10. ARE THERE ANY CIRCUMSTANCES THAT WOULD CREATE A CONFLICT OF INTEREST, PREVENT YOU FROM ETHICALLY CARRYING OUT THE DUTIES OF A BOARD MEMBER OR OTHERWISE PREVENT YOU FROM KEEPING APPROPRIATE INFORMATION CONFIDENTIAL? YES _____ NO ____
- 11. WHAT OTHER INFORMATION WOULD YOU LIKE THE COMMITTEE TO KNOW?

Signature	Date	
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Thank you for applying to our Board of Directors

FOR DRS USE:			
RECEIVED BY		DATE	
DATE CONTACTED			
DATE INTERVIEWED			
DATE PRESENTED TO BOARD		_	
OUTCOME: ACCEPTED	NOT ACCEPTED	_	