



**BOARD OF DIRECTORS' APPLICATION FORM**

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

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

**QUESTIONS**

1. What experience or understanding do you have regarding the unique needs of individuals who are developmentally challenged and their families?

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3. Are you now, or have you ever been member of any other Board of Directors?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give the name of the agency or agencies and dates and specify any committee involvement and principal activities.

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4. What other experience have you had as a member of a volunteer agency?

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5. Do you have any commitments that might interfere with your regular attendance at meetings and undertaking the duties of a Board member?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify.

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6. Is there any other information you would like to share with the Nominating Committee?

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7. Can you provide 2 references?

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**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_