THUNDER BAY Family Network

# **BOARD MEMBER FORM**

## PERSONAL INFORMATION

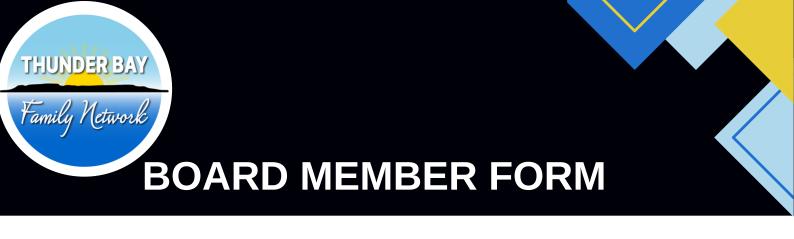
Full Name	Phone	
Address		
City	Postal Code	
Occupation	Email	

## **GETTING TO KNOW YOU**

Have you provided a resume? Optional.	🗌 Yes	🗌 No
Do you have experience supporting with people who have a disability?	🗌 Yes	🗋 No
Do you have experience being a board member?	🗌 Yes	🗋 No

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

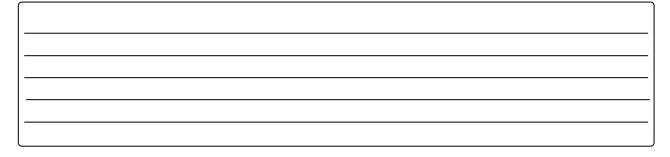
What experience or understanding do you have regarding the unique needs of individuals with a developmental disability and their families?



What skills and/or experience do you possess that you feel may be helpful to this Board?

What other experience have you had as a member of a volunteer agency? Specify any committee involvement and principal activities.

### Is there any other information you would like to share?



#### Can you provide 2 references?



Signed:	
Date:	