



BOARD MEMBER FORM

PERSONAL INFORMATION

Full Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Postal Code	<input type="text"/>
Occupation	<input type="text"/>	Email	<input type="text"/>

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?



BOARD MEMBER FORM

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: _____