

## Board Application

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

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_  Evening Phone: \_\_\_\_\_

(Please check the phone number at which you prefer to be contacted)

The bylaws require 51 percent of members to be people with disabilities. Do you have a disability?  Yes  No

### Your Availability to Serve

The board holds 6 regular (bi-monthly) meetings each year. Are you able to attend regular board meetings?

Yes  No

What accommodations, if any, do you need to participate? \_\_\_\_\_

\_\_\_\_\_

### Your Background

Are you related to or in a personal relationship with any past or present employee, board member, or funding agency?  Yes  No

If yes, please explain? \_\_\_\_\_

\_\_\_\_\_

Please describe your previous leadership, community and advocacy activities?

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What knowledge or skills could you contribute to our board? (please check all that apply)

- Fund raising    Public Relations    Special knowledge of services  
 Accounting    Marketing    Special Affiliations  
 Management    Education    Professional skill

How much volunteer time could you reasonably commit to the organization.

How much do you know about our organization?

What does the word Independent Living mean to you?

Please write a brief statement of your understanding of Independent Living Philosophy.

Due to the nature of our state and federal funding, background checks are necessary upon acceptance of your application. Do you have any objections to having a background check?

- Yes**                       **No**

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Signature of Applicant