

Accessible Resources for Independence, Inc.

Prospective Board Member Nomination Form

The following information is for internal use only

We make every effort to have the composition of our board reflect the diversity of our community. Toward that end, we are asking for a variety of information. Please feel free to leave blank anything you do not wish to answer. Decisions will not be based on any single variable.

Name: _____ Mr. Mrs. Ms. Dr. Honorable Other _____

What is it about our mission that interests you:

(Please place an X in the box beside the address, phone, fax and e-mail you would like us to use.)

Home address: _____ Home Phone: _____
_____ Home E-mail: _____

Work address: _____ Work Phone: _____
_____ Work Fax: _____
_____ Work E-mail: _____

Job title or description: _____

Affiliations

Education

High School: _____ Class of: _____

Undergraduate: _____ Class of: _____

Graduate: _____ Class of: _____

Other: _____ Year: _____

Business/Social Clubs: _____

Board Memberships (Current and Past. Please list years of involvement): _____

Other Volunteer Experience:

Place and X under “Expertise” for all areas you can do. Place and X under Interest for all the areas in which you have an interest in working as a board member, whether you have expertise or not. i.e. you may be a CPA but not have an Interest in working on the organizations finances.

Expertise/Interest (please indicate with an X)

	<u>Expertise</u>	<u>Interest</u>		<u>Expertise</u>	<u>Interest</u>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	<input type="checkbox"/>
Management	<input type="checkbox"/>	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	ADA	<input type="checkbox"/>	<input type="checkbox"/>
Human Res.	<input type="checkbox"/>	<input type="checkbox"/>	Public Policy	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	Grant Writing	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Business Dev.	<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>

Demographics Information

Gender: Male Female **Age:** 18 - 30 31-45 46-60 61-72 over 72

Race/Ethnicity: _____

Religious Affiliations (Church/Synagogue/Mosque/Temple membership): _____

Our organization receives funding as a Center for Independent Living and as such is required to have at least 51% of its board of directors be people with significant disabilities.

Do you have a disability? Yes No

Time:

Our board meets 5-7pm on weeknights. Do you anticipate any ongoing conflict for meeting attendance?
 No Yes

Our Board members each serve on one committee. Which committee(s) would you be interested in

- Nominating Committee
- Resource Development Committee
- Finance Committee
- Personnel Committee
- Programs & Services Committee

Please return your completed application along with a resume or bio if one is available kihrke@arinow.org