**APPLICATION FOR BOARD MEMBERSHIP**

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone : (day)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (eve)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you need additional space for your answers, please attach another sheet of paper to this application.**

1. To be considered as a Center for Independent Living (CIL), SWCIL s required by law to have a 51% disability representation on its board.

Do you consider yourself to be a person with a disability? YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, please describe your disability:

1. Please describe why you are interested in becoming a member of SWCIL’s Board of Directors.

--over—

1. What past experience have you had with other boards, committees, political or volunteer agencies?
2. Place a ✓ mark in column A for the areas where you have experience and a ✓ mark in column B for the areas where you feel your strengths are.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Column A  (Experience) |  | Column B  (Strengths) |
| Public Speaking |  |  |  |
| Community Relations |  |  |  |
| Planning |  |  |  |
| Financial |  |  |  |
| Marketing |  |  |  |
| Lobbying |  |  |  |
| Fund Raising |  |  |  |
| Other: |  |  |  |

1. Have you had any previous experience working with people with disabilities? If yes, please describe.
2. What special license do you hold (professional)? Post-secondary degrees or special training?

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return to: SWCIL**

**Attn: Nominating Committee**

**109 South 5th Street, #700**

**Marshall, MN 56258**