



**Services for Independent Living, Inc.  
Board of Trustees  
Prospective Board Member Application**

Part I

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Current Employer: \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

(Please indicate the preferred address/phone to contact you.)

Please list employers for the past three (5) years (Please attach resume, if available)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list additional community organizations, Boards, or volunteer activities in which you are currently or have been participating in for the last five (5) years.

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Part II

1. How did you first learn about Services for Independent Living, Inc.?

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2. Centers for Independent Living must have a board of trustees made up of 51% of members with significant disabilities. Do you consider yourself as a person with a significant disability?

Yes       No

If you do, will you need any reasonable accommodations (large print materials, braille, sign language interpreter, etc.) to actively participate in SIL board meetings and activities?

Yes       No

If yes, please specify: \_\_\_\_\_

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3. What experiences/activities have you participated in with people with disabilities in the past five (5) years?

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4. Does your employer support service on community boards?

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5. How much time do you have to devote to serving on SIL's Board of Trustees?

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6. What skills/talents/attributes do you feel you bring to SIL's Board of Trustees?

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|---|---|--|
| <input type="checkbox"/> Marketing                | <input type="checkbox"/> Computer                       | <input type="checkbox"/> Public Relations  |
| <input type="checkbox"/> Fund Raising             | <input type="checkbox"/> Financial                      | <input type="checkbox"/> Politics/Advocacy |
| <input type="checkbox"/> Arts/Creative            | <input type="checkbox"/> Public Speaking/Presentations  |  |
| <input type="checkbox"/> Philanthropic/Non-Profit | <input type="checkbox"/> Knowledge of Disability Issues |  |
| <input type="checkbox"/> Other _____              |   |  |

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_