



CIL Disability Resource Center Board of Directors Application

*Please attach a copy of your resume

APPLICANT INFORMATION

Last Name		First	M.I.
Street Address			Home Phone
City		State	ZIP
Cell Phone		E-mail Address	
Occupation			
How did you hear about CIL?			
What is your interest in board service?			
Can you commit to regular attendance at bi-monthly board meetings? YES <input type="checkbox"/> NO <input type="checkbox"/>			

BACKGROUND SCREENING: Prospective CILDRC Board members must successfully complete a Level II Background Screening as a condition of eligibility for board membership. Will you agree to take a Level II background screening (at no cost to you)? YES NO

DISABILITY STATUS: 34 CFR 366.50 mandates that the majority (at least 51%) of CIL board members and staff be people with disabilities. Self-identification of disability status is necessary to ensure compliance with federal standards and assurances that govern our programs. This information will be kept in your confidential board member file and will not be used for any other purpose.

DEFINITION OF A DISABILITY: A person has a disability if he or she has a physical or mental impairment, which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

Based on the definition above, do you have a disability? YES NO

CURRENT/PRIOR BOARD SERVICE

Please list any organizations with whom you have served in the capacity of board member.

Organization	Current Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Organization	Current Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Organization	Current Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have time to give this organization?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

What is your understanding of the CIL mission?

Recruiting Board Members Composition Analysis: What ways can you contribute to CILDRC?

CILDRC 2019 BOARD COMPOSITION ANALYSIS		APPLICANT NAME: _____
Skills/Knowledge:		NOTES/ADDITIONAL INFORMATION
Accounting		
Admin/Management		
Advertising		
Advocacy		
Communications		
Computers/Technology		
Consulting		
Education/Trainer		
Engineering		
Entrepreneurship		
Finance/Investment		
Fundraising		
Government		
Human Resources		
Insurance/Risk Management		
Legal		
Marketing/Sales		
Operations		
Organizational Develop		
Public Speaking		
Public Relations		
Real Estate		
Research/Evaluation		
Retailing		
Strategic Planning		
Web Design Skills		
Other Skill:		
Other Skill:		
Good Attendance		Place Y if you have 75% attendance
I make an annual donation		Y - if yes N - if No
Ambassador of the Center		Y if you think you are a good ambassador
*Please remember to include a copy of your resume		
Signature: _____		Date _____