

DisAbility Rights Idaho (DRI) - Board of Directors Application

Date: _____

Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ FAX: _____

E-mail: _____

DRI is committed to providing the best possible service to all potential clients. Our federal funding agencies require that our board members represent not only all of Idaho, but also reflects a range of disabilities and ages, as well as the various cultural, ethnic and societal communities. To help us achieve this diversity, please provide the following information:

1. Gender: Male Female

2. Birth date: _____

3. Race or ethnicity: _____

4. Do you have a developmental disability (DD)? Yes No

5. Do you have a mental illness (MI) Yes No

6. Do you have a disability other than DD or MI? Yes No

If yes to #6, please identify disability:

7. Does a family member have DD? Yes No

8. Does a family member have a MI? Yes No

9. Does a family member have a disability other than DD or MI? Yes No

If yes to #9, please identify disability:

10. Are you a parent of a minor child with a disability? Yes No

11. Are you a guardian of a person with a disability (PWD)? Yes No

12. Are you an advocate or representative of a PWD? Yes No

13. Are you knowledgeable about the needs of PWD? Yes No

14. Are you a service provider for people with disabilities? Yes No

We are also looking for Board members with diverse talents, interests and experiences from a variety of occupational, professional and educational backgrounds. When answering the following questions, please include any information about yourself that would enhance your participation on our Board. You may attach additional pages.

1. Occupation/profession: _____

2. Current Employer: _____

3. List any boards, councils, task forces, etc. on which you have served, when you served and any offices or committee memberships you have held:

4. List any education, training or areas of study (formal or informal) that relates to disability issues or other board experience:

5. List any other experience or knowledge (including work or volunteer experience) that relates to disability issues or serving on a board:

6. Why do you want to be a member of the DisAbility Rights Idaho Board of Directors?

7. Can you attend the Board meetings that are highlighted on the enclosed calendar?
Yes No

8. How many hours per month would you be willing to work on Board activities? _____

Email completed application to info@disabilityrightsidaho.org
Mail to 4477 Emerald St., Ste. B-100, Boise, Idaho 83706