DisAbility Rights Idaho assists people with disabilities to protect, promote and advance their legal and human rights, through quality legal, individual, and system advocacy.

GUIDING PRINCIPLES

1. DisAbility Rights Idaho assists people with disabilities to promote and protect their right to meaningful personal choice and self determination.

2. DisAbility Rights Idaho assists people with disabilities to promote their right to independence, self-sufficiency and full membership in communities.

3. DisAbility Rights Idaho assists people with disabilities to promote their right to inclusive, adapted, accessible services, residences, education and employment.

4. DisAbility Rights Idaho assists people with disabilities to promote the right to safe and humane practices and environments which are free from abuse and neglect, and which recognize their individuality and dignity.

Adopted by the Board of Directors on June 12, 1999
DisAbility Rights Idaho
Board of Directors
Conflict of Interest Policy

DisAbility Rights Idaho adheres to Rules 1.7, 1.8, 1.9, 1.10, 1.11 and 1.12 of the Idaho Rules of Professional Conduct governing Conflict of Interest. It is the responsibility of each board member to inform the Executive Director of the company of potential conflicts of interest because of the nature of the person’s employment or involvement with an agency, company or individual. Each board member will be required to sign a statement that he/she is aware of the company policy regarding identifying and disclosing potential conflicts of interest and agrees to inform the agency in the event of a potential conflict of interest.

**Gifts, gratuities:** Board members may not accept gifts, gratuities, free trips, personal property or any other item of value from any outside person or organization as an inducement to do business, provide services, or in appreciation of any business done or service provided.

**Outside business, professional or other interests:** We recognize that board members have outside business, professional or other interests. Board members, may not use their position with DisAbility Rights Idaho to achieve an economic advantage in any personal or business activities. During board meetings, members must disclose any conflict of interest involving an issue before the board and abstain from discussion or voting on this issue. No board member shall influence the decision of any other board member on an issue for which they have a conflict of interest.

**Personal agendas:** We recognize that board members may hold a wide range of personal beliefs, values and commitments. When discussing and voting on any issue before the board, the goals, objectives, mission, guiding principles and policies of DisAbility Rights Idaho shall be the basis for board members’ actions rather than the board member’s personal interests.

**Services provided to DisAbility Rights Idaho:** No board member can be compensated by the company for services rendered to the company as an employee, a contractor or otherwise, except for reasonable reimbursement paid directly to board members in accordance with Board policies.
**Client services:** Each board member must disclose any known potential conflict of interest with a potential client of DisAbility Rights Idaho. An example of a potential conflict would be an affiliation with an agency providing services to individuals with disabilities or the provision of direct services to an individual potentially eligible for services. This information will be provided to the Executive Director for use in identifying potential conflicts. If a potential conflict of interest is identified by a board member, he/she is responsible for contacting the Executive Director in a timely manner. If a conflict of interest exists, the board member will excuse him/herself from any discussion involving the issue or case presenting the conflict. Disclosures must be made in a manner which preserves the confidentiality of client information.

**Best Interest of DisAbility Rights Idaho:** Board members shall refrain from activities which are contrary to the goals, objectives, mission, guiding principles or policies of DRI, or are in violation of applicable federal regulations and grant requirements.
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