



Pennsylvania's Education for All Coalition

PEAC promotes education that includes all children through collaboration.

Mission Statement: We work together to promote education that includes all children by providing individual technical assistance, advocacy and supports to families, assisting institutions of higher education better prepare teachers to effectively teach all children and influencing and supporting schools, policymakers, and the community to effectively implement inclusive practices and policies.

Board of Director Application Form

Please submit your application to: PEAC Nominating Committee, P.O. Box 263, Norwood, PA 19074.

Board membership is volunteer. Directors are expected to attend special events, attend six board meetings yearly, serve on committees and make an annual personal financial contribution to PEAC.

Name _____ Date _____

Address _____ Community: Urban Suburban Rural

City _____ State _____ County _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Fax _____

Explain your interest in joining this board.

List your skills and training. You may attach a bio or your resume if you wish.

List your affiliations with advocacy, disability, equal rights or education groups past or present.

List your current volunteer commitments. _____

How much time could you devote to PEAC activities monthly? _____

List boards, committees and councils on which you have served in the past.

List your special interests.

List 2 references.

Name: _____

Phone: _____

Name: _____

Phone: _____

List acquaintances with PEAC Board Members or Staff:

Please provide any additional information that you feel would be helpful to the committee.

Below are personal questions about you and your family. We request you self-identify to assure board diversity and that the majority of directors are students with disabilities and/or family members of students with disabilities. This information is required on grant applications to establish PEAC's qualifications. Please skip any question that is uncomfortable to you. This information is kept strictly confidential.

What is your ethnic/racial or cultural affiliation? _____

What is your age group? 26 & under _____ 27-59 _____ 60 and over _____

Do you have a disability? YES NO
If yes, check below those that apply:

_____ Multiple Disability

_____ Physical Disability

_____ Developmental Disability (MR/ASD)

_____ Mental Illness

_____ Traumatic Brain Injury

_____ Deaf

_____ Blind

_____ Disability not included above

Do you have a child <27 YO with a disability? YES NO
If yes, check below those that apply:

_____ Multiple Disability

_____ Physical Disability

_____ Developmental Disability (MR/ASD)

_____ Mental Illness

_____ Traumatic Brain Injury

_____ Deaf

_____ Blind

_____ Disability not included above

Is English your child's second language? YES NO

List languages you understand and speak fluently: _____

Do you work in the field of special education, related services or early intervention? Yes No

If yes, describe _____

Household income level? Lower _____ Middle _____ Upper _____