

DISABILITY RIGHTS ARKANSAS
BOARD OF DIRECTOR'S APPLICATION
(You may add more pages as necessary)

I. Name _____ Date _____
Address _____
City _____ Zip _____
Phone (h) _____ (w) _____ (cell) _____
E-mail _____ Fax _____
Occupation _____
Agency or Company (if applicable) _____

II. In order to achieve diversity of the Board of Directors, we would appreciate your response to the following:

Male _____ Female _____ Date of Birth: _____

How would you describe yourself?

- _____ Asian
- _____ Black, not of Hispanic/Latino origin
- _____ Hispanic
- _____ Multicultural (Identified with more than one of the above)
- _____ North American Indian or Alaskan Native
- _____ Pacific Islander
- _____ White, not of Hispanic/Latino origin
- _____ Other than above:

Do you have a disability? Yes _____ No _____

If yes, please specify disability? _____

Are you a parent of an individual with a disability? Yes _____ No _____

If yes, please specify disability and age of individual? _____

III. Experience:

1. What experience have you had with people with disabilities and/or with families of people with disabilities?

2. What experiences have you had serving on community boards or committees?

3. Would you commit to attend quarterly board meetings of approximately three hours? (Mileage would be paid) Yes _____ No _____

4. What is your major interest in serving as a Disability Rights Arkansas board member?

5. Why do you think you are a good candidate for this board? _____

Please return the completed application and a copy of your resume to:

Disability Rights Arkansas
400 West Capitol Avenue, Suite 1200
Little Rock, AR 72201
(501) 296-1779 fax
tmasseau@disabilityrightsar.org