SELF RELIANCE CENTER FOR INDEPENDENT LIVING BOARD MEMBER APPLICATION

Type or print name in full:		
Marital Status:	(optional) Spouse's Name:	
	Home Phone:	
EMail:	Work Phone:	
Indicate your preference for	eceiving information:	
Regular Mail Address:		
Business/Employer/Name:_		
Street/City/State/Zip:		
Type of Business:		
Title:		
Have you served on a Board	(s) of Directors for other non profits? If so,	
When:	Where:	
When:	Where:	
Memberships in other non-pro-	ofit organizations: (List organization(s) name and address)	
1		
2		
3		

Brief Autobiography: (also, please attach resume):		
Why would you like to join Self Reliance's Board of Directors?		
Please check the areas in which you possess experience or training:		
☐ Public/Private Partnerships ☐ Boards ☐ Human Resources ☐ Programs/Services ☐ Legal ☐ Financial		
☐ Fundraising ☐ Marketing/Public Relations ☐ Non-Profits ☐ Networking ☐ Technology/Social Media		
Describe any additional skills, talents, relationships, expertise, or experiences you have that will benefit		
Self Reliance's Board of Directors and the mission of the organization?		
How did you initially become aware of Calf Deliance?		
How did you initially become aware of Self Reliance?		

Are you now or have you ever been related to or known an consumer of Self Reliance? ☐ Yes ☐ No	employee, Board member, funder, or
If so please identify the person(s) and describe the relation	·
Have you ever been employed by another Center for Indep	endent Living?
☐ Yes ☐ No If yes, what CIL? Give the dates of employment and position title:	
Are there any conflicts of interest that might occur by your solutions? ☐ Yes ☐ No If yes, please explain:	serving on the Self Reliance Board of
Signature of applicant:	Date:
oignature of applicant.	Date.
NOT TO BE COMPLETED BY APPLICANT	
Date received:	
Date reviewed by Board Recruitment Committee:	
Disposition of Application:	
Signature of Board Chair:	
Signature of Recruitment Committee Chair:	