



Harvey-Marion County Community Developmental Disability Organization

Application for appointment to the Harvey-Marion County CDDO Board of Directors

Name: _____ Home Phone: _____

Address: _____

E-Mail Address: _____

Your Occupation: _____ Business Phone: _____

YOUR BACKGROUND

What education or skills could you contribute to our board (please check those that apply)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Marketing | <input type="checkbox"/> Special Knowledge of Services |
| <input type="checkbox"/> Office | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Special Affiliations: _____ |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Education | <input type="checkbox"/> Professional Skills: _____ |
| <input type="checkbox"/> Others (explain): _____ | | |

What other boards have you served?

Charitable or community activities in which you have been involved:

YOUR ABILITY TO SERVE

Could you regularly attend board meetings: Yes No Conflicts: _____

How many hours per month, in addition to board meetings could you serve? _____

Would you participate in raising funds for this organization? Yes No

Would you attend training sessions for new board members? Yes No

Would you attend continuing training sessions? Yes No

What is your interest in our organization?

Please write a brief statement of your understanding of the mission of our organization:

References (list names, addresses, and phone numbers)

Name: _____ Phone: _____

Address:

Name: _____ Phone: _____

Address:

Name: _____ Phone: _____

Address:

Signature

Date