



## BOARD OF DIRECTORS INTEREST FORM

Name \_\_\_\_\_

### Professional Title/Occupation & Employer

\_\_\_\_\_ Title \_\_\_\_\_ Employer

disABILITYsa  would  would not be one of my top 3 causes during my board term.

Please check those areas in which you have relationships and access:

- Access: Community Leaders & Groups
- Access: Meeting Space
- Access: Foundation Trustees
- Access: People of Legislative Influence
- Access: High School Transition Programs
- Access: Wealth
- Access: Special Education
- Access: Philanthropic Corporation(s)
- Access: Media
- Access: Volunteers/ Committee Members
- Other (Specify): \_\_\_\_\_

\*Please take a moment to list information on your background, education, occupation, family, volunteer, community and church activities, interests and any other relevant information that you are willing to share:

Reason you would like to serve on the disABILITYsa Board of Directors:

List the skill sets you have that you would like to see utilized during your service on the disABILITYsa board:

Board/Committee/Volunteer/Community/Church Activities: