

# Center for Independent Living of Broward

## Board Member Application

This application is designed to provide the Nominating Committee with information that will assist them in making a recommendation for candidacy to the Board of Directors. Some of the data may be used towards grant applications and contract reports.

Please complete this form, and submit it along with your resume, to the Nominating Committee. Feel free to attach or include any other information that you feel will support your commitment and interest in addressing the needs of persons with disabilities in our community.

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Name		Date
Home Telephone	Cell Phone	email
Home Address		

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Employer		
Business Telephone	Fax	email
Business Address		

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Do you or a family member have a disability?

What is the nature of the disability?

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Professional Background (Please select type and identify):

- For-Profit Business:
- Nonprofit Organization:
- Government:

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Education background

- High school
  - Technical training
  - Some college
  - College degree
  - Graduate degree
  - Other
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# Center for Independent Living of Broward

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## Special Skills

- Advocacy
  - Artistic
  - Construction
  - Fiscal management
  - Human resources
  - Legal
  - Marketing/ public relations
  - Mediation
  - Organizational management
  - Public speaking
  - Resource development
    - Special gifts
    - Special events
    - Corporate fundraising
  - Strategic planning
  - Technology
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## Affiliations:

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## Other Board Service:

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## Board Committees you might be interested in:

- Finance
  - Personnel
  - Nominating
  - Marketing/Public Relations
  - Advocacy
  - Strategic Planning
  - Fundraising
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## What days and times are best for you?

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### OPTIONAL

## Ethnicity:

- Asian/Pacific Islander
- African American
- Caucasian
- Hispanic
- Native American
- Other

## Age:

- 20-30
- 30-45
- 45-65
- Over 65

**PLEASE EMAIL TO: [chinds@cilbroward.org](mailto:chinds@cilbroward.org)**