

Board of Directors Application Form

Board of Directors Questionnaire

The following questions will help us to determine you are good fit for our organization. This ensures our volunteer board members are aligned with governance responsibilities of the Board as a whole for strategic planning, resource development, oversight, and accountability.

Thank you!

I will attend a board training session in person before the beginning of my term.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I will attend all bi-monthly board meetings, the Annual Meeting and any other official meetings of the Board of Directors.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I agree to serve on a committee and attend committee meetings. (Finance Committee, Development Committee, or Adhoc committees as defined)	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand a term is a 2 year commitment beginning July of the year I am voted in.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I understand the importance of the board leading the way for fundraising and agree to make a financial contribution to Triangle Disability & Autism Services.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I agree to assist with fundraising by developing or leveraging my contacts with foundation, corporations, and individual donors.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I agree to become a recurring monthly donor at an amount I set for at minimum the duration of my time serving on the board of directors.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I will represent Triangle Disability & Autism Services whenever possible in our community, and represent Triangle Disability & Autism Services in more formal ways as requested.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I will look for opportunities to encourage families to bring their services to TDAS, to encourage community partnerships, donations and volunteering.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I promise to be an effective advocate in our community and ally for persons with intellectual/developmental disabilities [IDD] and autism.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I promise to use respectful language at all times in regards to the disability community.	<input type="checkbox"/> YES <input type="checkbox"/> NO



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Name:	
Address:	
Phone:	
Email:	
Profession/Job Title:	
Employer:	Is your employer a Matching Gift company? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know

Why are you interested in becoming a member of Triangle Disability & Autism Services' Board of Directors?
What has been your experience or interest with persons with IDD and/or autism?

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EDUCATION/INTERESTS

University/High School:	Degree/Major:
Interests/Hobbies:	

Organizations/Clubs of which you are or have been a member:

Name:	Dates:

Please check areas of interest for Board & volunteer involvement.

<input type="checkbox"/> Budget & Finance	<input type="checkbox"/> Public Relations/Marketing
<input type="checkbox"/> Self-Advocacy	<input type="checkbox"/> Fund Development
<input type="checkbox"/> Program Planning & Evaluation	<input type="checkbox"/> Public Awareness/Community Education
<input type="checkbox"/> Other areas in which you have interest that might benefit the IDD autism community:	



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Are you a self-advocate? yes no

Are you the Parent Sibling Relative of a person with IDD or autism?

Do you work in a professional capacity with the IDD and autism population? yes no

Any additional comments:

I give my permission to be considered by Triangle Disability & Autism Services' as a candidate for the Board of Directors. I also agree to abide by the Board Responsibilities as presented here.

I also agree to pay a fee of \$15 to have my application be considered. I understand this application does not guarantee I will be invited to join the board of directors.

Signature:	Date:
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Email to jpfaltzgraff@triangledisability.org

PRIVACY STATEMENT: Your privacy is important to us. The information you provide is for Triangle Disability & Autism Services' information use and will only be shared with other entities for the purposes of Medicaid contractual obligations and fund development.

triangledisability.org