



Board Member Application

Please type or print neatly in blue or black ink

Date: _____

Name: _____

Address: _____

Phone (circle or highlight the preferred contact number):

Home () _____ **Work** () _____ **Cell** () _____

EMAIL: _____

Current Employer: _____

Why do you want to be a member of the DSAM Board?

Have you ever served on a non-profit Board of Directors? If so, please list the organization, the approximate dates you served and in what position(s):

List skills or talents you have that would be helpful in furthering the goals of the organization:

Applicant Last Name _____

Place a checkmark for which areas or offices would you be interested in supporting:

- Programs Fundraising Advocacy/Public Awareness
 Public/Media Relations New Parent Relationships Self-Advocates
 Other (please list):

Please describe other leadership experiences you have had:

Please list other current or past community involvement:

**** If you have a resume, please attach it to this application form ****