



BOARD MEMBER APPLICATION

**(PLEASE PRINT OR TYPE ALL INFORMATION)
use additional pages if needed**

NAME (LAST NAME FIRST) _____

CURRENT ADDRESS _____
(INCLUDE ZIP CODE)

TELEPHONE NUMBERS _____
(INCLUDE AREA CODE/ CELL PHONE IF AVAILABLE)

E-MAIL ADDRESS _____

CENTERS FOR INDEPENDENT LIVING are created in federal law, namely the Rehabilitation Act of 1973. One of the Act's mandates is that Centers practice consumer control – the Act requires a majority 51% of board members have a disability. SOCIL makes every effort to comply with the Act when considering new board applicants. (SOCIL uses the ADA Amendments Act of 2008 to define disability-- with respect to an individual, the term "disability" means(a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (b) a record of such an impairment; or (c) being regarded as having such an impairment.)

DO YOU QUALIFY UNDER THIS REQUIREMENT? YES _____ **NO** _____

IF YES, PLEASE PROVIDE AN EXPLANATION OF YOUR DISABILITY

AWARENESS: *(please describe your personal experience with disability)*

EMPLOYMENT:

CURRENT EMPLOYMENT OR OTHER *(SUCH AS STUDENT, SSI, RETIREMENT ETC. INCLUDE ADDRESS AND WORK TELEPHONE NUMBERS)*

**IF LESS THAN FIVE YEARS (5) IN THIS POSITION OR OTHER; LIST PREVIOUS
EMPLOYMENT OR OTHER:**

EDUCATION:

HIGH SCHOOL – NAME AND LOCATION _____

GRADUATED? YES _____ **NO** _____

COLLEGE – NAME AND LOCATION _____

NO. OF YEARS ATTENDED _____ **MAJOR** _____

GRADUATED? YES _____ **NO** _____

GRADUATE SCHOOL – NAME AND LOCATION _____

_____ **MAJOR** _____

NO. YRS ATTENDED _____ **GRADUATED? YES** _____ **NO** _____

ALSO, PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1. HAVE YOU SERVED ON A BOARD IN THE PAST? YES _____ **NO** _____

IF YES, PLEASE PROVIDE A BRIEF DESCRIPTION.

2. ARE YOU ABLE TO MAKE A THREE-YEAR COMMITMENT TO THE BOARD (ATTEND MONTHLY MEETINGS, PERIODIC PROJECT MEETINGS, ETC.)?

YES _____ **NO** _____

BACKGROUND: HAVE YOU BEEN CONVICTED OF AN OFFENSE OTHER THAN A TRAFFIC VIOLATION (Ticket). YES _____ **NO** _____

IF YES, PLEASE PROVIDE A BRIEF DESCRIPTION AND INCLUDE THE CURRENT STATUS.

ALL BOARD APPLICANTS WILL BE REQUESTED TO SUBMIT TO A BACKGROUND CHECK AT SOCIL EXPENSE.

ANSWERS TO THESE QUESTIONS WILL BE HELD IN THE STRICTEST CONFIDENCE BY THE BOARD. HOWEVER, IF IT IS LATER DISCOVERED THAT THIS APPLICATION WAS FALSIFIED, A BOARD MEMBER MAY BE DISMISSED.

SIGNED _____ **DATE** _____