



Board Member Application Form

Please complete this application form--address and contact information will not be distributed. Please also send your resume or CV to Tammy Themel at tthemel@abilityindiana.org. If you have any questions, or need any additional information please feel free to contact us at the email address above.

Name _____

Preferred Saluation Mr Mrs Ms Miss Dr. Other

Home Address _____
City, State, Zip _____

Home Phone _____
Work Phone _____
Mobile Phone _____

Employer _____

Title or Occupation _____

Office Address _____
City, State, Zip _____

Email Personal _____ @ _____
Email Work _____ @ _____

Spouse or Partner Name _____

Spouse or Partner Occupation _____

Children and their ages _____

Date of Birth: _____

Please complete other side

Please briefly describe your academic and professional background, and other relevant experience.

Why do you seek a position on the accessABILITY Board?

Special Skills

- | | |
|---------------------|----------------------------|
| Fundraising | Marketing/Public Relations |
| Personnel/HR | Technology |
| Finances | Legal |
| Business/Non-profit | Social Work |
| Banking | Real Estate |

I understand that CIL's are required by law to have a majority of Board members who are persons with disabilities. Additionally, our board seeks to have cross-disability representation. Do you wish to disclose whether you consider yourself to be a person with a disability and the nature of that disability?

Other pertinent information you would like to share: