

The Arc of Bismarck Application for Board Members

Date: _____

PERSONAL INFORMATION

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

WORK INFORMATION

Employer: _____

Street Address: _____

City, State, Zip Code: _____

Work Phone: _____

Fax: _____

QUESTIONS

1. Are you a member of The Arc of Bismarck (or willing to become a member?)

2. Are you a resident of Bismarck/Mandan? _____

3. Are you willing to serve on The Arc of Bismarck Board without monetary compensation? _____

4. Are you available to attend board meetings on a regular basis (Once a Month)

5. Have you ever volunteered at The Arc? _____

6. Why are you interested in serving on the Board of The Arc of Bismarck?

7. How did you hear about this position? _____

8. Please list any other boards you serve on. _____

*Return to: The Arc of Bismarck
1500 E Capitol Ave, Bismarck, ND 58501
Executive_Director@thearcofbismarck.org*

Optional Information

The Arc of Bismarck accepts applications for Board Members throughout the year. Most terms begin in January, but new board members are needed during the year to finish an open term.

Applications are processed according to open positions and areas of expertise needed at the time. The following optional information would be of assistance to The Arc of Bismarck in maintaining a diversified Board of Directors.

Do any of the following apply to you? (optional)

- _____ Self-advocate (Person with a Disability)
- _____ Parent or Family Member of a School-age Child with a Disability (Infant to 21 years old)
 - Type of disability _____
- _____ Parent or Family Member of an Adult with a Disability (22 years old and older)
 - Type of disability _____
- _____ Accountant/Financial Expertise
- _____ Attorney/Legal Expertise
- _____ Retail/Thrift Store Expertise
- _____ Media/Public Relations Expertise
- _____ Other, please specify _____