



Board of Directors Application

Name: _____ DOB _____

Home Address: _____

Telephone: Work: () _____ Home: () _____ Cell : () _____

Home Email: _____

Employer: _____

Title: _____ Work Address: _____

Work Email: _____

Preferred method of contact:

Phone: ___ Home ___ Cell ___ Work **Email:** ___ Home ___ Work ___ **Mail:** ___ Work ___ Home

Are you related to an individual who has an intellectual or developmental disability?

___ Yes ___ No Relationship:

Board Experience – Please indicate any boards on which you currently or have previously served. Indicate the name of the organization, dates involved, and any offices held.

Organization

Date Served

Office Held

What skills, interests or areas of expertise will you bring to the Arc Otsego Board of Directors?

Other Community Activities: Please indicate any other charitable or community activities in which you have been / or presently are involved in.

What is it about the Arc Otsego that interests you in becoming a board member?

The Arc Otsego Board of Directors typically meets the third Thursday of each month, with no meeting scheduled for July and August unless there is a need. Our annual membership meeting is held the first Thursday in June. Are you able to attend the majority of these meetings? Yes No

Can you foresee any conflicts of interest while serving on this board, i.e., business interactions, a relative who is an employee, loyalty to a competing organization, etc. Please identify:

Have you ever been convicted of a crime or denied the right to receive reimbursement through the Medicaid system? Yes No

If yes, please explain:

I am ready, willing and able to serve on the Board of Directors for the Arc Otsego (Otsego County Chapter, NYSARC, Inc.). I have attached a brief biographical sheet or resume for use by the organization. I consent to having my information and photo used for the food of the organization (i.e., press release, organizational website, etc.)

Signature

Date