



Creating Opportunity for Success

INDIVIDUAL • FAMILY • COMMUNITY

## BOARD MEMBER APPLICATION

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Email Addresses \_\_\_\_\_

Occupation (Title & Description) \_\_\_\_\_

Other Affiliations/Board Service \_\_\_\_\_

\_\_\_\_\_

Do you have a family member with a Developmental Disability? \_\_\_\_ Yes \_\_\_\_ No

If so, what is your relationship? \_\_\_\_\_

Why are you seeking appointment to CHANCES of Stone County Board? (Attach additional page(s) if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give a brief description of your education, experiences, and/or any other special skills or qualities that will help the CHANCES in its selection of Board members. (Attach additional page(s) if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_