



BOARD OF DIRECTORS MEMBERSHIP APPLICATION

Thank you for your interest in serving as a member of the Board of Directors for the Center for Independent Living of South Central Pennsylvania (CILSCPA) Please PRINT clearly or TYPE.

CILSCPA is a 501(c) (3) non-profit organization and is registered with the Commonwealth of Pennsylvania, Department of State, Bureau of Corporations and Charitable Organizations under The Solicitation of Funds for Charitable Purposes Act and is authorized to solicit charitable contributions under the conditions and limitations set forth under the Act.

[PERSONAL INFORMATION]

Name:

Street Address:

City: **State:** **ZIP:**

PHONE:

E-mail:

YES, I am interested in becoming a CILSCPA Board Member and can commit to: *(check all that apply)*

- Attending all required trainings and regular bi-monthly meetings
- Volunteering as a member of a committee
- Making monetary donations
- Making other resource donations (e.g., time, service)

- o Participating in fundraising efforts

[EMPLOYMENT INFORMATION]

Position/Title:

Business/Agency:

Street Address:

City:

State:

ZIP:

Work email:

Work Phone:

[AFFILIATIONS]

Organizations and nature of involvement of organizations with which you are affiliated i.e. Officer, BoD Member, or Volunteer:

1)

2)

3)

[YOUR SKILLS/ABILITIES & INTEREST]

CILSCPA is a private, nonresidential Community Based Organization serving people with all types of disabilities in Bedford, Blair, Cambria, Fulton, Huntingdon, Indiana, and Somerset Counties. ***The mission of CILSCPA is to empower people with disabilities to live independently.***

Please briefly describe your skills/abilities and how they can be used to support this mission:

[EXPERIENCE & INTERESTS]

Please indicate your experience and/or interest in any of the following areas by checking the appropriate box(es).

AREA OF EXPERIENCE/INTEREST	EXPERIENCE	INTEREST
Accounting/Fiscal Management	<input type="radio"/>	<input type="radio"/>
Activism/Advocacy	<input type="radio"/>	<input type="radio"/>
Community Organizing	<input type="radio"/>	<input type="radio"/>
Fundraising/Resource Development	<input type="radio"/>	<input type="radio"/>
Grant-Writing	<input type="radio"/>	<input type="radio"/>
Human Resources/Personnel Management	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>
Management	<input type="radio"/>	<input type="radio"/>
Marketing	<input type="radio"/>	<input type="radio"/>
Program Development	<input type="radio"/>	<input type="radio"/>
Public/Media Relations	<input type="radio"/>	<input type="radio"/>
Public Speaking	<input type="radio"/>	<input type="radio"/>
Training	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>

[KNOWLEDGE OF DISABILITY & INDEPENDENT LIVING ISSUES]

Please briefly describe your personal experience(s) with disability and independent living issues.

[BOARD EXPERIENCE]

- o Yes, I have served as a member of a Board of Directors.
- o No, I have not yet served on a board of directors.

If YES, please explain/list:

- 1)
- 2)
- 3)

If you have any questions, please feel free to contact George Palmer, Executive Director CILSCPA: 814-949-1905.

Please submit your completed application to:

George Palmer

CILSCPA, 3013 Beale Avenue, Suite B 102

Altoona, PA 16601

gpalmer@cilscpa.org