

Board of Directors Application

Section I: Personal Information

Name: _____

Address: _____

Telephone Numbers:

Business: () _____ Home: () _____ FAX: () _____

Your Business/Profession:

Employer: _____

Job Title: _____ Length of employment: _____

Educational Background:

Section II – Professional experience (if any):

1. Are you a member of any Autism Organization or Group? _____

Name of Organizations: _____

2. Have you served on any professional boards and if so, please list the name of the organization, the dates you served and what capacity you served (list committees also).

Section III: Personal Experience:

1. Please describe any connection to autism, your volunteer and/or Board involvement with other nonprofit organizations.

2. Please check areas of expertise and/or interest:

- Awareness
- PR/Media
- Finance/Accounting
- Fund Raising
- Grant Writing
- Community Programs
- Education/Training
- Parent Mentor
- Public Speaker

3. What Strengths and insights could you bring to Coastal Bend Autism Advocacy, Inc?

I agree that if I am nominated and elected to the Board of Directors of the Coastal Bend Autism Advocacy, Inc., I will fulfill the responsibilities of the position. I agree to:

- ❖ Attend monthly board meetings
- ❖ Attend and provide leadership for committees
Work with other board members and staff to assist CBAA in achieving its mission and goals
- ❖ Make financial support to CBAA a priority

Signature:

Date: