

**DISABILITY RIGHTS CONNECTICUT, INC.
BOARD OF DIRECTORS
Candidate Application**

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address _____

Current Occupation _____

Areas of Expertise (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Non-Profit management |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Philanthropic community |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Technology (MIS, Records Management, Social Media, Website) | |

Other areas of expertise/skills: _____

How did you learn of Disability Rights Connecticut, Inc.?

Current relationship to Disability Rights Connecticut, Inc.?

History of Community / Volunteer Services

Membership in Civic/Professional Associations _____

Prior Board experiences _____

Special interests/Hobbies _____

What areas of the DRCT Board are of interest to you?

How will being a DRCT Board member be good for you personally?

From our experience, Board Members spend a minimum of 10 hours per month on DRCT work. Depending on your level of involvement and commitment, this time might increase. Do you see this as a problem? _____

Date of availability for Board service _____

Please supply two references: At least one should be from someone with whom you have worked in an employment capacity or as part of a group. (Note references will not be contacted until after meeting with Board Chair/Executive Director)

1. Name: _____

Address: _____

Telephone #(s): _____

2. Name: _____

Address: _____

Telephone #(s): _____

Please allow my name to stand for nomination to the Disability Rights Connecticut, Inc. Board of Directors. I am willing to commit my time, energy and passion to Disability Rights Connecticut, Inc., in this volunteer capacity.

_____ Signature

_____ Date

