

**Disability Rights IOWA
400 East Court Avenue
Suite 300
Des Moines IA 50309**

**PHONE: (515) 278-2502 or (800) 779-2502 FAX: (515) 278-0539
TTY: (515) 278-0571 or (866) 483-3342**

APPLICATION FOR BOARD OF DIRECTORS

(Please type or print the information requested below.)

NAME: _____ PHONE (____) _____

HOME ADDRESS: _____
(Street) (City) (State) (Zip Code)

BUSINESS NAME: _____ PHONE (____) _____

BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip Code)

Please send postal mail to my Home Business

Email Address for sending correspondence: _____

Please check the area in which you live: Rural/outside city limits, In town,
less than 5,000 population, In town, 5,001-15,000, In town, over 15,000

How did you hear about Disability Rights IOWA?

Check all the categories that apply to you:

- | | |
|---|---|
| <input type="checkbox"/> Person with a disability | <input type="checkbox"/> Disability Service Provider |
| <input type="checkbox"/> Family member of a person
with a disability | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Disability Professional | <input type="checkbox"/> Individual who is interested and
knowledgeable about disability
services |

Are you a member of a minority group or represent diversity? Yes No
 Prefer not to answer. If yes, please specify:

Background, involvement or reasons for interest in the field of persons with
disabilities. (ex- Developmental disabilities, mental illness, brain injury, etc):

(Over)

Please list events/areas that you have advocated for you or someone else related to disabilities: (ex-Educational/medical treatment meetings to advocate/request change, legislative work, review of denied benefits, etc):

Please list current or previous organization affiliations, boards, or commissions, including any offices held. Please include your length of service and term expiration date:

Please list your educational background or training programs you have attended and if/how they relate to disability, advocacy, or leadership:

Please list current or previous employment, titles, etc. and if you work with people with disabilities in any way:

ON A SEPARATE SHEET, PLEASE LIST ANY OTHER COMMENTS YOU WISH TO MAKE ABOUT YOURSELF, WHY YOU ARE INTERESTED IN SERVING ON THE DISABILITY RIGHTS IOWA BOARD OF DIRECTORS AND YOUR PHILOSOPHY ON ADVOCACY SERVICES FOR PEOPLE WITH DISABILITIES.

Members are expected to attend all meetings in person or participate with accommodation such as teleconference when necessary. Mileage and meal reimbursement are provided by Disability Rights Iowa when meetings are attended. Meetings are at least quarterly, generally on Saturday mornings. Additional time commitments may include project/committee work, related meetings, and similar activities.

Signature _____ Date Completed _____

(Applications will be kept on file for two years.)