Center for People with Disabilities
Board Application

Thank you for your interest in joining the board for the Center for People with Disabilities (CPWD). Please complete the following form to let us know a little more about you and your interest in joining CPWD in a board leadership role. We will be in touch to let you know about next steps. Please contact us with any additional questions or concerns.

Contact Information

Name (First and Last): ____________________________________________________________

Email: ______________________________________________________________________

Primary phone: ______________________________________________________________________

Preferred contact method(s): ______________________________________________________

Email: ______________________________________________________________________

Current or most recent professional position/employer (if applicable): ______________________

Title (if applicable): ______________________________________________________________________

Website(s): ______________________________________________________________________

Board Experience

Please list your experience or history with CPWD: ______________________________________

_______________________________________________________________________________

The Mission of the Center for People With Disabilities is to provide resources, information and advocacy to assist people with disabilities in overcoming barriers to independent living.
What skills, background and expertise do you have that you would like to share with CPWD? ________________________________________________________________

☐ Assessment/Evaluation
☐ Event planning
☐ Ethics
☐ Inclusivity/Diversity
☐ Legal
☐ Nonprofit Management/Operations
☐ Public Relations/Communications
☐ Fundraising/Philanthropy
☐ Board governance
☐ Financial management/Accounting
☐ Public Policy/Advocacy
☐ Personnel/Human Resources
☐ Program Development
☐ Technology (i.e. database, web management)
☐ Other. Please list. ________________________________

Current leadership roles (i.e. boards, committees, projects) outside your professional position (if applicable): ________________________________

Please share why you want to serve as a board member for CPWD _____________

__________________________________________________________________

The Mission of the Center for People With Disabilities is to provide resources, information and advocacy to assist people with disabilities in overcoming barriers to independent living.
Please share any ways in which you see CPWD best serving its mission, stakeholders, and larger community ____________________________________________
________________________________________________________________________
List any new ideas you or feedback would like to share with CPWD regarding our programs and services __________________________________________
________________________________________________________________________
Please share any other information that you feel would be helpful for CPWD to know about you and your interest in serving on the board _______________________
________________________________________________________________________

Next Steps
CPWD will be in touch in the next two weeks about your interest in the board and we will subsequently conduct interviews with potential candidates for the board. We recommend that you attend a CPWD board meeting before joining the board to get a feel for how CPWD board operates.

Please return this form completed along with your resume to:
cpwd.board@gmail.com

Thank you for your interest in and support of CPWD!