

Washington Vocational Services (WVS)
22316 70th Ave. West, Suite D
Mountlake Terrace, WA 98043-2184

BOARD OF DIRECTORS APPLICATION FORM

Name: _____ Home Phone: _____

Work Phone: _____ Best Time/Day(s) to Reach: _____

E-Mail Address: _____ City: _____ Zip Code: _____

Employer (if any): _____

What is your association with disabilities or employment services?

Consumer (Yes/No) _____ Family member of person with disability (Yes/No) _____

Specify the type of disability: _____

Service provider (Yes/No) Specify: _____

Disability Related Professional (Yes/No) ___ Specify: _____

Ethnic or cultural background that would contribute to the diversity of the WVS Board (optional):

Which, if any, of the following areas of expertise would you bring to the WVS Board?

Check all that apply:

___ Labor Relations ___ Administration ___ Planning/Evaluation

___ Fiscal Management ___ Public Relations ___ Program Manager

___ Legal Advocacy ___ Marketing ___ Lobbying/Public Affairs

___ Fund raising ___ Grant Writing ___ Research

___ Human Resources ___ Editing/Writing ___ Social Services

Familiarity or experience with any of the following living situations:

Check all that apply:

Entrepreneurship Self Employment Vocational Rehabilitation Other

Describe your personal interest in serving on the WVS Board: _____

Describe any program expertise you have that would support the Work of WVS:

Relationships: What access do you have to Community Leaders?

Community Leaders?

People with Expertise?

Legislators or Governmental Officials(local, county, state)?

Potential Contributors?

On what other Boards do you serve? _____

How did you hear about WVS? _____

Signature: _____

Date: _____

