



Board of Directors Application

"The Arc of Tri-Cities assists individuals with developmental disabilities in choosing and realizing their goals of where and how they learn, live, work and play."

Name _____ Date _____

Address _____

City/State _____ Zip Code _____

Cell Phone _____ Work Phone _____ Home Phone _____

Fax _____ E-Mail _____

Employment Background _____

Describe your area of expertise you bring to the Board _____

Former/Present Experience *(Volunteer or paid, including membership on boards, committees, etc.)* _____

Membership in Professional/ Community Organizations *(List offices held)* _____

Describe Your Interest in The Arc _____

What Goals Would You Like to Help The Arc Accomplish _____

Special Interests *(Hobbies)* _____