



Application to Serve on the Board

Deaf Independent Living Association, Inc. (DILA)

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ V, TTY or VP Work Phone _____ V, TTY or VP

Cell Phone _____ V, TTY or VP Fax _____

Email Address _____

Profession _____ Degree (circle one) GED HS BS/BA MS/MA PHD

Please explain why you are interested in serving on the Board: _____

Would you like to participate in the following Committees:

- Fundraising Personnel Bylaws Nominating DIR Public Relations
- Executive Committee Special Events Financial
- Participate in Other:

What will you contribute to the Agency _____

Have you served on a non profit non membership governing Board before? Yes No
If yes, what non profit _____ How long _____

Best Days to be contacted:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you have the following requirements (circle one)?

- An understanding or a desire to understand Deaf culture and hearing loss issues. Yes No
- A willingness to fundraise. Yes No
- A commitment and loyalty to the agency. Yes No
- Have the necessary time to spend helping the agency's financial situation. Yes No
- An understanding of the role of a board member governing a non profit agency. Yes No
- Be people oriented and have the ability to work with a diverse group of people. Yes No
- Have integrity and honesty. Yes No
- Email and knowledge to conduct business through technology. Yes No

Return to DILA/Nominating
806 Snow Hill Road
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410-742-5052 v/tty - 410-543-4874 fax
443-365-2645 VP