



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 areas:

- 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 commitment to embracing the values of DILA as a volunteer. Yes No
- Have the energy and commitment to ensure the agency's financial sustainability through participation in fundraising from grass roots to corporate activities. Yes No
- An understanding of the role of a board member governing a non-profit agency. Yes No
- Be people oriented with the desire to work with a diverse group of people. Yes No
- Have integrity and honesty. Yes No
- Ability to communicate through technology. Yes No
- Ability to participate in strategic planning and implementation Yes No

Return to DILA/Nominating  
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administration@dila.org  
410-742-5052 v/tty - 410-543-4874 fax  
443-365-2645 VP