



**Board of Directors Application**

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: Work: (    ) \_\_\_\_\_ Home: (    ) \_\_\_\_\_ Cell : (    ) \_\_\_\_\_

Home Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Work Address: \_\_\_\_\_

Work Email: \_\_\_\_\_

Preferred method of contact:

**Phone:** \_\_\_ Home \_\_\_ Cell \_\_\_ Work    **Email:** \_\_\_ Home \_\_\_ Work \_\_\_    **Mail:** \_\_\_ Home \_\_\_ Work

Are you related to an individual who has an intellectual or developmental disability?

\_\_\_ Yes \_\_\_ No    Relationship: \_\_\_\_\_

Board Experience – Please indicate any boards on which you currently or have previously served. Indicate the name of the organization, dates involved, and any offices held.

Organization	Date Served	Office Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What skills, interests or areas of expertise will you bring to the Arc Otsego Board of Directors?

\_\_\_\_\_  
\_\_\_\_\_

Other Community Activities: Please indicate any other charitable or community activities in which you have been / or presently are involved in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is it about the Arc Otsego that interests you in becoming a board member?

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The Arc Otsego Board of Directors typically meets the third Thursday of each month, with no meeting scheduled for July and August unless there is a need. Our annual membership meeting is held the first or second Thursday in June. Are you able to attend the majority of these meetings?

Yes \_\_\_\_\_ No \_\_\_\_\_

Can you foresee any conflicts of interest while serving on this board, i.e., business interactions, a relative who is an employee, loyalty to a competing organization, etc. Please identify:

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Have you ever been convicted of a crime or denied the right to receive reimbursement through the Medicaid system? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain:

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I am ready, willing and able to serve on the Board of Directors for the Arc Otsego (Otsego County Chapter, NYSARC, Inc.). I have attached a brief biographical sheet or resume for use by the organization. I consent to having my information and photo used for the food of the organization (i.e., press release, organizational website, etc.)

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Signature

Date