

909 Broadway, Ste 350
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APPLICATION FOR APPOINTMENT TO THE BOARD OF DIRECTORS

Applicant's Full Name: _____ SS#: _____

Applicant's Address: _____ DOB: _____

Applicant's Telephone: _____ Alternate Telephone: _____

E-mail: _____ What county do you reside in? _____

Our bylaws require 51% of our Board to be persons with disabilities. Do have a disability? YES NO

Employer: _____ Title: _____

Employer Address: _____

Employer's Telephone: _____ How long have you been employed here? _____

Please use the check boxes below to disclose any education or skills you feel you can contribute to our Board:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Investing | <input type="checkbox"/> Marketing | <input type="checkbox"/> Knowledge of Services |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Education | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Community Relations |
| <input type="checkbox"/> Other, please specify _____ | | |

Are you a member of any other organizations in our service area? YES NO If yes, please list them...

Organization Name

City/State

Telephone Number

_____	_____	_____
_____	_____	_____
_____	_____	_____

This board holds 12 regular meetings per year (once per month) Will you be able to attend board meetings regularly?

YES NO Conflicts? _____

Why are you interested in this organization? _____

Do you have any personal relationship with any past or present employee? YES NO

If yes, with whom and what is the relationship? _____

Could you contribute financially to the organization within your means? YES NO

Could you attend a training session for new board members? YES NO

How many hours per month, in addition to meetings, could you volunteer at NEILS? _____ Hours

Due to the nature of our funding, background checks are necessary upon acceptance of your application. Do you have any objections to having a background check completed? YES NO

Signature of Applicant

Date