

## APPLICATION FOR THE BOARD OF DIRECTORS

**Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Phone Numbers: Home**

**Work**

**Cell**

**Fax**

**E-mail:**

**Occupation:**

**Employer:**

**Please describe why you would like to become a member of Disability Rights Montana's Board of Directors.**

**Please explain your knowledge of issues affecting people with disabilities.**

**Are you presently or have you in the past been a member of other non-profit Board of Directors? If so, please list the organizations and dates of your involvement.**

**What other skills or experience would you bring to the Board of Directors of Disability Rights Montana?**

**Financial**

**Non-profit Management**

**Legal**

**Fundraising**

**Personnel**

**Public Relations**

**Comments:**

**The law requires the makeup of DRM's Board of Directors to primarily consist of people with disabilities or family members of a person with a disability. Please check the appropriate statement below. This information is kept confidential.**

**I am a person with a disability.**

**I am a family member of a person with a disability.**

**I do not meet the above requirement.**

**It is important that DRM's Board is reflective and inclusive of the demographics of our state. Do you identify with any specific ethnic, racial, and/or other group? (optional)**

**Comments:**

**Employment/Volunteer History: (information is required to help determine potential conflicts)**

**Names, addresses, and phone numbers of at least two people we can contact as references:**

**1:**

**2:**

**Please feel free to use separate sheets of paper when answering the above questions, or to attach a resume which covers your employment/volunteer history.**

**Within a few weeks after your application is received by DRM, you will be contacted by a member of the Board of Directors' Governance Committee to schedule an interview.**

**If you have any questions, please contact:** Bernadette Franks-Ongoy  
Executive Director  
1-406-449-2344 (Voice/TTY)  
1-800-245-4743 (Voice/TTY)  
[Bernie@DisabilityRightsMT.org](mailto:Bernie@DisabilityRightsMT.org)

**Please return your application to:** Disability Rights Montana  
1022 Chestnut Street  
Helena, MT 59601  
[Bernie@DisabilityRightsMT.org](mailto:Bernie@DisabilityRightsMT.org)