

Partners in Personal Assistance

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Board Application Form

Name _____ E-Mail Address _____

Address _____ City _____ State _____ Zip _____

Phone - Home _____ Work _____ Cell _____

Fax _____ Birthdate (mm/dd/yyyy) ____/____/____

Thank you for your interest in becoming a volunteer Board Member. The following questions will help us learn more about you. Please check all applicable items that relate to your experience and/or employment and enter your comments. If you have a resume, please attach a copy to the application.

- | | |
|---|--|
| <input type="checkbox"/> Personal disability experience | <input type="checkbox"/> Professional experience: disability or rehabilitation |
| <input type="checkbox"/> Personal Assistant | <input type="checkbox"/> Financial Professional |
| <input type="checkbox"/> Home Health or other Caregiver | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Legal Professional | <input type="checkbox"/> Nonprofit Management/Operations |
| <input type="checkbox"/> Disability/Independent Living Services | <input type="checkbox"/> Other |

Why are you interested in serving on the board of Partners in Personal Assistance?

Area(s) of expertise/Contribution you feel you can make

Other volunteer commitments _____

In addition to your commitment to attend three-hour monthly board meetings, board service includes participation on at least one committee. Committee work includes a monthly meeting of one to two hours and participation in committee activities that contribute to the overall work of the board. Please check all of the following committees on which you would be willing to serve:

- | | | | |
|--|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Governance | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Grant Development | <input type="checkbox"/> Other _____ | | |

P. 2 PPA Board application - Applicant Name _____

References In order to make the best selection of board candidates, we want to know you and your experience as fully as possible. Therefore we conduct a background check on each applicant, including references. Please list two personal references and one work or business related reference that we may contact. Also, please let these references know that we will be in touch. As an addendum to this application, please sign a release of information that we may forward to these references, should they request it.

Personal References

1) Name _____ E-Mail Address _____

Phone - Home _____ Work _____ Cell _____

2) Name _____ E-Mail Address _____

Phone - Home _____ Work _____ Cell _____

Professional/Work-Related Reference

1) Name _____ E-Mail Address _____

Phone - Home _____ Work _____ Cell _____

Additional comments or personal statement related to your interest in, and expertise related to serving on the board of Partners in Personal Assistance:

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For Board Use

__ Nominee has had a personal meeting with either chief executive, board chair, or other board member. Date _____

__ Nominee reviewed by the committee. Date _____

__ Background check Date _____

__ Nominee attended a board meeting. Date _____

__ Nominee interviewed by the board or Nominations Committee. Date _____

Action taken by the board _____