



CENTER FOR INDEPENDENT LIVING SOUTHWEST KANSAS

1802 E. Spruce St.
P.O. Box 2090
Garden City, KS 67846

Toll Free: (800) 736-9443
Local: (620) 276-1900
Fax: (620) 271-0200
Payroll Dept. Fax: (620) 276-3537

DODGE CITY OFFICE
2601 Central Ave.
Dodge City, KS 67801

(800) 326-1366
p: (620) 227-6660
f: (620) 227-8185

LIBERAL OFFICE
1023 N. Kansas Ave. Suite 2
Liberal, KS 67901

(800) 327-4048
p: (620) 624-5500
f: (620) 624-6576

BOARD OF DIRECTORS APPLICATION

_____ Date of Application

Name: _____
Last First M.I.

Address: _____
Number Street / PO Box Apt #

_____ City State Zip

_____ Day Telephone: _____ Evening Telephone: _____
(Please check the phone number at which you prefer to be contacted)

Email Address: _____

Our bylaws require 51 percent of board members to be people with disabilities.
Do you have a disability? _____ Yes _____ No

Your Availability to Serve

The board holds regular meetings each year. Are you able to attend regular board meetings? _____ Yes _____ No

What accommodations, if any, do you need to participate? _____

Your Background

Are you related to or in a personal relationship with any past or present employee, board member, or funding agency? _____ Yes _____ No

If yes, please explain? _____

Please describe your previous leadership, community, and advocacy activities?

Name: _____ Application Date: _____
Last First M.I.

What knowledge or skills could you contribute to our board? (Check all that apply.)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Fund raising | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Special knowledge of services |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Marketing | <input type="checkbox"/> Special Affiliations |
| <input type="checkbox"/> Management | <input type="checkbox"/> Education | <input type="checkbox"/> Professional skill |

What is your interest in this organization?

What does Independent Living mean to you?

Please write a brief statement of your understanding of Independent Living Philosophy.

References

Name and Address	Title	Daytime Phone	Evening Phone

Signature: _____ Date: _____