

APPLICATION FOR BOARD OF DIRECTORS OF DWI

MISSION STATEMENT: To assist individuals who have a disability or who are disadvantaged to recognize and to achieve their chosen level of economic and social independence.

*Full Legal Name (Including Middle Name) Date of Birth

Mailing Address (Address, City, State, Zip)

Home Phone Work Phone E-Mail

Current Occupation Employer

Present Business and Community Affiliations:

Experience with DWI or Persons with Disabilities:

I Will Work on One, Or More, of the Following Committees:

**Community Engagement
and Awareness**

Has the major responsibilities
coordinating all fund raising
and public relations activities.

Personnel & Programs

Monitors the programs and services
and oversees Board governance
through policy establishment and review.

Fiscal

Responsible for initiating and
monitoring the overall fiscal and
financial affairs of DWI

Signature Date

What interests you in serving on the Board of Directors? How can you help us achieve our mission?