



**The key to improving access,
inclusion, and independence for
people with disabilities in the
community.**

**CENTER FOR INDEPENDENT LIVING OF NORTH CENTRAL PA
Prospective Board Member Application**

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Phone: _____

Board members must either live or work where we provide services. You may attach a bio or resume. 51% of the members of our board must be people who have a significant disability. Do you have a disability that affects your life significantly?
 ____ Yes ____ No

Please check "E" for Experience or "I" for Interest in the following areas:

- | | | | | | |
|------|------|-------------------------------------|------|------|---------------|
| ____ | ____ | Business/Management | ____ | ____ | Leadership |
| ____ | ____ | Personnel/Human Resources | ____ | ____ | Accounting |
| ____ | ____ | Personal experience with disability | ____ | ____ | Legal |
| ____ | ____ | Marketing/Public Relations | ____ | ____ | Grant Writing |
| ____ | ____ | Program Development | ____ | ____ | Fundraising |
| ____ | ____ | Advocacy | ____ | ____ | Other_____ |
| ____ | ____ | Public Speaking | ____ | ____ | Other_____ |

Organizations with which you are affiliated:

What experience have you had involving persons with disabilities:

Why you want to serve on this board (continue on back if needed):

Printed Name

Signature

Date

This application and your resume should be returned to:

Misty Dion, Chief Executive Officer
Center for Independent Living of North Central PA
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E-Mail – mdion@cilncp.org
www.cilncp.org

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