



Agency Board of Directors Application

Please return to: *Nominating Committee @ OUN*
1555 Fashion Outlet Blvd., LPO Box 360, Niagara Falls, NY 14304-0360

Name: _____

Home Address: _____

Home Phone: _____ Home Fax: _____

Cell Phone: _____

Preferred E-mail Address: _____

Professional Experience

Present Position: _____

Company Name: _____

Work Address: _____

Work Phone: _____ Work Fax: _____

Length of Employment: _____

Previous Position/Company: _____

Education/Training

High School: _____

College/Degree: _____

Relevant Training: _____

Are you a “Blood Relative” of an individual who is developmentally disabled? ___YES ___NO
(“Blood Relative” is defined as a parent, blood relative {no more distant than common grandparent}, guardian or spouse of an individual who is mentally retarded or developmentally disabled.)

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Involvement in Opportunities Unlimited of Niagara

Position(s) Held	Responsibilities	Dates

Areas of Expertise You are Currently Involved in Because of Your Occupation:

- | | | |
|--|--|--|
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Investments | <input type="checkbox"/> Administration |
| <input type="checkbox"/> PR/Marketing | <input type="checkbox"/> Legal | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> Education | <input type="checkbox"/> Financial/Budgeting |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Business Management |
| <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Disability Programs | |

Community Involvement

Position(s) Held	Responsibilities	Dates

I wish to be considered a candidate for the board for the following position(s):

- Director (3-year term)
- Officer (1-year term) Check one: ___ President ___ First Vice President ___ Second Vice President
 ___ Treasurer ___ Recording Secretary ___ Corresponding Secretary

Please state why you feel you would be an asset to the Agency's Board of Directors:

I agree to be considered as a candidate and will provide additional information as needed. I understand that if I should be selected and unable to fulfill my responsibilities, I may be removed from the board.

Signature

Date