



Easy Does It Board of Directors Application Form

Full Name: _____ Home Phone: _____

Address: _____ City/State/Zip: _____

Business Phone: _____ Email: _____

Occupation: _____

Please check the position for which you wish to apply:

President

Treasurer

Vice-President

Member

Other (specify): _____



Please answer the following questions

Attach additional pages if you need more space to answer

- 1) Why do you want to serve on the Board of Directors of Easy Does It?

- 2) What are your qualifications for the position?

- 3) How extensive is your knowledge about the disability community and the issues that affect them?

- 4) What experience have you had in community organizations, program services, board, and/or advisory committees?

- 5) What experience have you had in community organizations and/or program services that included health care issues for people with disabilities or others?

- 6) What experience have you had in leadership and/or policy development?



When you have completed all pages of this application, please:

- a) Attach any additional pages
- b) Attach your resume
- c) Attach references or endorsements from disability organizations that support your candidacy
- d) Return the form and the attachments to:

**Easy Does It Emergency
Services Board of Directors Nominating Committee Chair
3017 Telegraph Avenue Suite 210
Berkeley, CA 94705**