

**DISABILITY LAW CENTER OF ALASKA
APPLICATION FORM - BOARD OF DIRECTORS**

Thank you for your interest in serving on the Disability Law Center of Alaska's Board of Directors.

Please complete the application below, and attach your resume and supporting documents.

The Disability Law Center's Nominating Committee will review all applications and forward the names of eligible candidates to the full board for their consideration.

Name: _____

Address: _____

City/State/Zip: _____

Phone -

Home: _____ Cell: _____ Work: _____

Email: _____

Occupation: _____

Please answer all of the following questions. You may attach additional pages if you need more room to answer.

1. What qualifications will you bring to the DLC Board?

2. What is your interest and motivation for serving as a Board member?

3. Please explain your knowledge of the issues affecting persons with disabilities.

4. Describe your experience in community organizations, including service on boards or advisory committees.

5. Discuss your experience and knowledge working with specific underserved communities (e.g., Asian/Pacific Islander, African American, Alaska Native, Spanish speaking, or rural communities).

6. Describe your experience advocating for people with disabilities, or others.

7. Discuss your leadership or policy development experience.

8. Are you a member of other disability or civil right organizations? If so, please identify those groups below.

The Disability Law Center of Alaska's Board values diversity. In order to assist the Board in selecting diverse Board members, please identify which of the following group(s) you belong to:

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> White | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Decline to State | |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Psychiatric Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Sensory Disability |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Other Disability {Please Specify} |

No applicant will be granted or denied a seat on Disability Law Center of Alaska's Board of Directors based solely upon his/her response to these questions.

When you have completed the form, please:

- Attach any additional pages;
- Attach your resume;
- Attach references or endorsements from disability organizations that support your candidacy.

Return your application package to:

- David Fleurant, Executive Director
Disability Law Center of Alaska
3330 Arctic Blvd., Suite 103
Anchorage, AK 99503