

## **Board Member Application**

**Self-Directed Advocacy Network of Maryland, Inc. (SDAN)**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I am:

Person with a developmental disability

Parent of an adult (18+) with a developmental disability

Parent of a child (younger than 18) with a developmental disability

Family member or guardian of an adult with a developmental disability

Support Broker

Nurse

Direct Support Professional

Other (please explain)

Employer / Job Title

If you currently serve or previously served on Boards, Committees, Councils, and/or Advisory Groups, please list them:

If you are involved in any community organizations or disability organizations, please tell us about any experience you have advocating for people with developmental disabilities.

Why do you want to serve on the SDAN Board of Directors?

How will SDAN benefit from your involvement on board? What strengths do you bring?

Do you have knowledge and expertise in any of these areas? (Mark all that apply)

Financial Management

Personnel / Administration

Fundraising

Planning

Grant writing

Policy

Legal

Public Relations

Legislative

Social Media

Membership / Data Entry

Website

Nursing

Other

What is your passion? What/who drives your passion?

What is your philosophy of self-direction?

The SDAN Board of Directors is a working board. Board members must participate in SDAN organizational activities and events. The Board meets monthly. Board members are expected to attend all board meetings. Board members will also be involved in at least one working committee that can meet as often as weekly—2 to 5 hours weekly, on average. Will you be able to commit the time?

Yes

No

Not sure

Please submit your completed application to [info@marylandsds.org](mailto:info@marylandsds.org)