

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)

- | | |
|--|---|
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Personnel / Administration |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Legislative | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Membership / Data Entry | <input type="checkbox"/> Website |
| <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> 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 weekly. 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