



**ASK Resource Center
 Board Member Interest Application**

Name _____

Address _____

City _____ State _____ ZIP _____

Phone (____)____-____ Alternate Phone (____)____-____ Cell Work

Email _____

Select your areas of expertise:

- | | | |
|---|--|---|
| <input type="checkbox"/> Parent/family member of a child with a disability | <input type="checkbox"/> Parent/family member of an adult with a disability | <input type="checkbox"/> Individual with a disability |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Legal | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Provider | <input type="checkbox"/> Political/Public Policy/Advocacy |
| <input type="checkbox"/> Education/Vocational | <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ |

ASK seeks to ensure equal representation of all ages and disabilities. If you are a parent/family member of an individual with a disability, please list their age and disability diagnosis.

List your past or current involvement on other Boards or committees

ASK strives to maintain a culturally diverse Board; please answer the following two questions regarding your race and ethnicity.

What is your race?

- African American/Black Asian Caucasian/White Native American Two or more races

Are you of Hispanic or Latino origin? Yes No

Please attach the following items to your completed application:

- A brief statement of why you would like to serve on the ASK Board of Directors
- Current resume or curriculum vitae

Submit your application and above requested items to Karen Thompson, ASK Executive Director:

Mail 5665 Greendale Rd, Suite D, Johnston, IA 50131

Email karen@askresource.org

Fax (515) 243-1902