



Triangle Down Syndrome Network

Support  Educate  Connect

Board Membership Application

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Alt. Phone: _____

Email: _____

Are you a self-advocate or the relative of an individual with DS ? _____

Describe: _____

How long have you lived in the Triangle area? _____

What is your occupation? _____

Employer? _____

Have you ever served on a nonprofit board? _____

If yes, please tell us the name of the organization, dates of services, positions held, etc. _____

The board usually meets on the second Monday of the month. Are you able to make a 2 year commitment to attend board meetings? _____

Additionally, board members are expected to attend many of the social and fundraising events that TDSN holds. Does your schedule allow you to make this commitment? _____

How much time do you expect to devote to board activities? _____

Please submit by September 30th

By mail: Attn: Nominating Committee, PO Box 37305, Raleigh, NC 27627

By fax: Attn: Nominating Committee, 919-788-3646

Are you willing/able to support the organization financially? _____

Are you comfortable asking others for financial contributions or complementary goods/services (in-kind support)? _____

Listed below are areas that are helpful to nonprofit boards. Please check the areas where you have the most expertise/experience:

- | | | |
|--|--|---|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Graphic arts | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Business ownership | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Technology (IT, web, db) |
| <input type="checkbox"/> Education | <input type="checkbox"/> Human resources | <input type="checkbox"/> Time/Project Management |
| <input type="checkbox"/> Facilities management | <input type="checkbox"/> Legal | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Government advocacy | <input type="checkbox"/> Real Estate | |
| <input type="checkbox"/> Grantwriting | <input type="checkbox"/> Social Service | |

Listed below are community relationships that are helpful to nonprofit boards. Please indicate where you can contribute your existing relationships:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Political | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Education | <input type="checkbox"/> Professional | |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Public Sector | |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Religious | |

Is there anything else you would like the nominating committee to know about why you would like to serve on the TDSN board? _____

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