**BOARD OF DIRECTORS
APPLICATION FORM**

**NAME: DATE:
Home Address:
Work Address:
Home Phone: Work Phone:
Electronic Mail:
Current Position:
Education:**

**Why are you interested in serving as a Board of Director for Developmental Services of Jackson County, Inc.?**

**What professional knowledge do you have to contribute to this board?**

**What experience do you have working with non-profit organizations OR persons affected by developmental disabilities?**

 **Would you be able to attend monthly meetings at our office located at 625 Vermont, Holton, KS? NOTE: Meeting time and day of week will be established annually based upon consensus of board.**

**What do you feel the role of a Board Member at a non-profit organization is?**

**Is there any other information that you would like to share with the board?**

Please return this form, with the envelope provided, or in person to:

Developmental Services of Jackson County, Inc.
625 Vermont, P.O. Box 1011
Holton, KS 66436