



## **Easy Does It Board of Directors Application Form**

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please check the position for which you wish to apply:

President

Treasurer

Vice-President

Member

Other (specify): \_\_\_\_\_

**Please answer the following questions**

**Attach additional pages if you need more space to answer**

- 1) Why do you want to serve on the Board of Directors of Easy Does It?
  
- 2) What are your qualifications for the position?
  
- 3) How extensive is your knowledge about the disability community and the issues that affect them?
  
- 4) What experience have you had in community organizations, program services, board and/or advisory committees?
  
- 5) What experience have you had in community organizations and/or program services that included health care issues for people with disabilities or others?
  
- 6) What experience have you had in leadership and/or policy development?

**When you have completed all pages of this application, please:**

- a) Attach any additional pages
- b) Attach your resume
- c) Attach references or endorsements from disability organizations that support your candidacy
- d) Return the form and the attachments to:

**Easy Does It Emergency Services  
Board of Directors Nominating Committee Chair  
3017 Telegraph Avenue Suite 210  
Berkeley, CA 94705**