



Board of Directors Application Form

Full name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ (Cell or Work)

Alternate Phone: _____ (Cell or Work)

Email: _____

Company and Position/Title (if employed): _____

Number of years with present company: _____

Please check any area(s) of expertise you bring to the Board (check all that apply):

Parent/family member of a child with a disability (ages birth – 26 years old) _____

Parent/family member of an adult with a disability (27 years old +) _____

Individual with a disability/Self-Advocate _____

Education _____

Human Services _____

Medical/Therapeutic _____

Legal _____

Finance _____

Public Relations _____

Legislative _____

Judicial _____

Business/corporate _____

Disability Advocate _____

PTI volunteer _____

Fundraising _____

Other: _____

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

Which of your skills would you like to utilize as a Board member?

Board development _____	Fundraising _____
Financial management _____	Marketing/public relations _____
Community networking _____	Strategic planning _____
Human resource development _____	Event planning _____
New program starts _____	Speakers bureau _____
Resource development _____	Legislation/public policy _____

Other: _____

Please list any board service, professional membership, community involvement, committees, special interests, volunteer work, and special training that may be useful to your Board placement:

Briefly describe why you are interested in serving on PTI Nebraska's Board of Directors:

What do you think you would like best about being a PTI Nebraska Board member?

The following demographics are kept completely confidential.

What is your race?

African-American/Black _____

Asian _____

Caucasian/White _____

Native American _____

Native Hawaiian/Pacific Islander _____

Two or more races _____

Are you of Hispanic or Latino origin? Yes _____ No _____

Any additional information you wish to share with us?

THANK YOU!!!

Please return completed application to: Jennifer Miller - Executive Director

Mail: PTI Nebraska, 1941 S. 42nd St, Ste. 205. Omaha, NE 68105

Email: jmiller@pti-nebraska.org

Fax: 402.934.1479