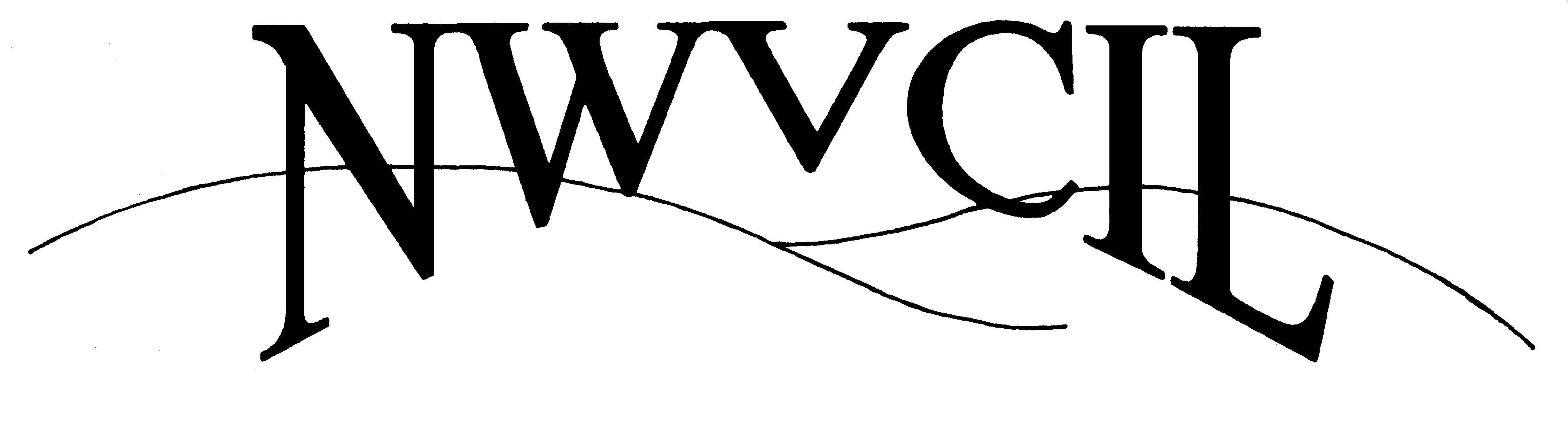
Northern West Virginia Center for Independent Living



Breaking Barriers . . . Bridging Paths to Independence

**APPLICATION FOR BOARD OF DIRECTORS**

NWVCIL is a consumer directed resource center for persons with disabilities. We are not a social service agency. What’s the difference? We don’t do much **for** people, however, we do an awful lot **with** people. We want those who utilize our services to be independent, not dependent upon us for their independence. We do all that is possible to ensure that consumers have the skills and information they need to make informed choices about their life. We also strive to be a resource to our local communities assisting them to be inclusive and to be responsive to the needs of their citizens with disabilities.

**Primary Responsibilities include:**

* Promote and practice the independent living philosophy of consumer control regarding decision making, service delivery, management and establishment of policy and direction of the Center.
* Remain informed about the issues and priorities of the Center.
* By sharing personal and professional knowledge and experience, provide insight and direction to the Executive Director and staff of the Center.
* Participate in the development of long range financial and program plan development.
* Participate in and contribute to resource development activities.
* Participate in outreach activities that promote the independent living philosophy, increase community awareness of the Center’s resources and services and advocacy efforts that ensure equality for all.
* Monitor Center activities to ensure compliance with federal standards under Title VII of the Rehabilitation Act funded by the Administration for Community Living.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Being committed to being a consumer directed organization, the Center is governed and directed by a Board of Directors, of which at least 51% of its members being persons with disabilities.

Under the Rehabilitation Act, the following definition of disability applies: “Any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, or has a record of such impairment, or is regarding as having such an impairment” (*Examples of major life activities including walking, talking, working, learning, bathing, feeding oneself, etc.)*

**Applicants are asked to disclose the following information**: (*check all that apply*)

I am an individual with a disability, as described above. If you choose, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This information is only used to assist us to ensure that we have representation on a cross disability representation*.**

I am a family member of an individual with a disability.

I am not an individual with a disability.

I have experience working with individuals with disabilities. If you choose, please provide more detail on your related work experience:

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**Additional information:**

1. I am interested in serving on NWVCIL’s Board of Directors because:

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1. I have the following skills that I think would contribute to NWVCIL (*check all that apply)*

good communication skills

public speaking experience

leadership experience

business skills

grant writing experience

previous work with policy development

resource development experience

working relationship with community leaders

experience with non-profit management

experience with federal grants management

an interest in leading community change to promote full inclusion and equal access for all

personal experience with the services and resources provided by a CIL

other skills that I feel would be an asset to NWVCIL

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1. Do you currently now or have you served on other board or committees? If yes, please tell us more about your role on these boards or committees:

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**Additional information.**

NWVCIL is committed to full participation of its board members. To facilitate this participation, NWVCIL will reimburse any member who requests such, all out of pocket expenses associated with participating in board or center activities. Additional accommodations include but are not limited to: access to interpreters, alternate formats, teleconferencing, as well as access to training opportunities and conferences.

**References:**

Please provide contact information for at least **2** references who can speak to your personal skills and/or professional experiences listed on this application.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any other information you feel is relevant to this application:

If appointment, I agree to actively participate in the board’s regular meetings and workgroups. I agree to promote the independence, productivity, integration and full community inclusion of people with disabilities.

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Signature of applicant Date

This application is available in alternate format upon request and may be returned via the postal service or email at the following address:

NWVCIL

Jan Derry, Executive Director

601-3 East Brockway Avenue

Suite A&B

Morgantown, WV 26501

jderry@nwvcil.org

304 296-6091

800 834-6408