

Direct Support Professionals of Indiana

Board of Directors Candidate Application

1)Your Contact Information

1a) Name: _____ b) Phone: () _____

1c) Email: _____

1d) Check the box next to your preferred method of contact: Phone Email

2)Your Employment Information

2a) Employer Name: _

2b) Your Title: _

2c) Address:

2d) Phone: (_____) 2e) Email: _____

2f) Type of Organization:

2g) Primary service(s) and population served: _____

2h) Number of Years Employed as DSP (if applicable): _____

3)Your Service

List boards, committees, or volunteer experiences you currently participate in or or have participated in.
(Business, Community, Political, Social, etc.)

Organization	Role/Title	Dates of Service

4)Availability

List the times you are available each day during a typical week. (Examples: Morning. Afternoon, Evening),
10 AM—Noon, 1 PM—3 PM, etc.)

Mondays

Tuesdays

Wednesdays

Thursdays

Fridays

Education

List your completed (or in progress) education, training, and/or certifications.

6)Your Involvement Interests

6a) Check the topics* in which you would like to be involved as part of your work on the DSPIN Board.

(*No formal education or training is required.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Administration, Management | <input type="checkbox"/> Fundraising, Development | <input type="checkbox"/> Legislative Activities |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Nonprofit Experience | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Education, Instruction | <input type="checkbox"/> Outreach, Advocacy | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Finance, Accounting | <input type="checkbox"/> Personnel, Human Resources | <input type="checkbox"/> Special Events |

Other: __

6b) How do you feel DSPIN would benefit from your involvement on the Board?

(Activities, Events, Fundraising Efforts, Member Engagement, etc.)

7)Letter of Recommendation

Attach one (1) letter of recommendation from your organization’s CEO or one (1) letter of recommendation from your direct supervisor. **CEO and/or supervisor needs to affirm in the letter that s/he understands and accepts the time commitment for DSPIN and that s/he can work with you to schedule your work commitments around your DSPIN time commitments.**

8)Optional Information

9)Are you willing to participate in a phone call or in person meeting with representatives of the Board to discuss your application?

Yes No

Please send your completed application DSPINDIANA@gmail.com.