

**ARKANSAS DISABILITY COALITION  
BOARD OF DIRECTORS APPLICATION FORM**

**Date:** \_\_\_\_\_

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

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

**Phone (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **(C):** \_\_\_\_\_

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

**Title/Organization:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Please answer the following:**

**Do you have any experience working with people with disabilities? If so, explain.**

---

---

**What experiences have you had serving on community boards or committees?**

---

---

**What other volunteer commitments do you currently have?**

---

---

**Why are you interested in serving as a board member for the ADC?**

---

---

**Please share any other information you feel important for consideration of your application. (Ex: special interests or skills)**

---

---

**Would you be able to travel to central Arkansas, as well as other parts of Arkansas, for board meetings or special events? \_\_\_\_\_**

**Do you have access to a computer that could support Skype or similar application?**

---

---

**Are you a parent, guardian, or family member of a person with a disability?**

---

**If so, please specify their age and disability.**

---

---

**Do you have a disability? \_\_\_\_\_ If yes, please describe your disability.**

---

**The following is optional:**

**Race/Ethnicity: \_\_\_\_\_**

**Please return the completed form to:**

**Email: [lynne@ardisabilitycoalition.org](mailto:lynne@ardisabilitycoalition.org)**

**OR**

**Mail: Arkansas Disability Coalition  
Attn: Lynne McAllester, Executive Director  
PO Box 31420  
Little Rock, AR 72260**