



Board Application Form

Disability Rights NC's Nominating Committee and CEO review board member applications and screen prospective board members. Our by-laws contain specific requirements related to the number of members from four regions of the state. Members of the DRNC Board must collectively reflect the diversity of the state in terms of disability, racial/ethnicity, age and point of view (primary and secondary consumers of service).

Assistance in completing this application is available by contacting Human Resources at Disability Rights NC at (919) 856-2195 or resumes.hr@disabilityrightsnorthcarolina.org. The application is also available in alternative format and will be kept on file for one year.

(First Name) _____ (Last Name) _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

PHONE: (____) _____ E-MAIL: _____

SEX: _____ MALE _____ FEMALE

AGE RANGE: _____ 18 – 39 _____ 40 – 59 _____ 60 and over

How did you learn about Disability Rights North Carolina? _____

Name _____

I am a North Carolina resident and live in _____ County.

I am a person with a disability. _____ Yes _____ No

I am a family member of a person with a disability _____ Yes _____ No

Please state your relationship to the family member (Example: I am the son/daughter of a parent with a disability): _____

The disability is:

____ developmental disability¹

____ mental illness

____ physical disability

____ sensory impairments

____ substance abuse

____ traumatic brain injury

My race/ethnicity is: (Disability Rights NC must have this information to ensure diversity on its Board.)

Asian _____

Black, not of Hispanic/Latino origin _____

Hispanic/Latino _____

Pacific Islander _____

North American Indian or Alaskan Native _____

White, not of Hispanic/Latino origin _____

Please check if you are a lawyer _____ or a certified public accountant _____

Please answer the following questions:

(Use as much space as you need to answer fully)

1. Why are you interested in serving on the Board of Disability Rights NC? Please describe your previous non-profit/advocacy experience.

¹ Developmental disabilities are chronic and attributable to mental and/or physical impairments which must be evident prior to the age of twenty-two. They tend to be life-long and result in substantial limitations in three or more of the major life areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency.

2. What particular skills, training, resources and expertise will you bring to the Disability Rights NC Board?
3. Can you commit sufficient time to participate on committees?
4. Are you able to commit to the full Board term of one year²?
5. What is your vision for Disability Rights NC? in one year? in five years?

_____ If I am not selected for Board membership, I would be interested in other volunteer work with Disability Rights NC.

My preferred mode of communication is: _____ e-mail _____ phone _____ surface mail.

If selected to serve on the Board of Directors of the Disability Rights North Carolina, I agree to participate in the training and orientation program for all Board members. I also agree to travel and participate in quarterly meetings of the Board, which will be held around the state of NC. I am aware of the Board support policy. I understand if I am unable to attend official Disability Rights NC meetings on a regular basis, I may be replaced as outlined in the By-laws. I also understand that I will be expected to participate on committee(s) and complete other assignments as needed. Disability Rights NC will reimburse me for my travel costs consistent with Disability Rights NC policies. Finally, I have provided a full disclosure consistent with the Disability Rights NC conflict of interest policy.

Signature

Date

² The initial term of office for members of the Board of Directors will be one (1) year. Based on the activity level and commitment to the organization, members may be eligible for election of a second term of three (3) years and a third term of two (2) years, for a total of six (6) years of service. (Disability Rights NC Bylaws 03/2011)

Name _____

You may submit this application to: Board Applications
Disability Rights NC
3724 National Drive, Suite 100
Raleigh, NC 27612
or via fax to (919) 856-2244

If you wish to send your application electronically, please send it as an attachment to resumes.hr@disabilityrightsn.org.

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Consistent with policies established by the Board of Directors of Disability Rights NC, I hereby certify that the following is a true and complete disclosure of my relationships, *if any*, to businesses, agencies, organizations, or other groups which have the potential of creating an actual or apparent conflict for me in carrying out my responsibilities as a member of the Disability Rights NC Board.

[Check the box(es) which apply]

1. ____ I am (or a member of my immediate family is) an employee, officer, or director of the following agency(ies), business(es), or organization(s) which is primarily related to providing a service to persons with disabilities. Include the name of the agency, organization, or business; the type of service provided; and the relationship that creates a conflict.

2. ____ I am (or *a member* of my immediate family is) an employee, officer or director, or have an ownership interest of 10% or more, in any of the following: for profit business; another nonprofit organization; or governmental agency which provides some type of service to persons with disabilities. This can be either a paid or volunteer relationship. [Please list all such interests that a reasonable person might consider or construe as *having the potential* to create conflict of interest situations as a Board member of Disability Rights NC. Include the name of the agency or business; the type of service provided; and the relationship that creates a conflict.]

3. ____ I am not, nor is any member of my immediate family, an employee, officer, director, or a person with a significant (makes decisions about the business) ownership interest in any other the types of businesses, organizations, agencies, or groups providing any type of service that might create the appearance of or potential for a conflict of interest.

Signature_____
Date

BOARD MEMBER CONFLICT OF INTEREST STATEMENT

I affirm that I have read and understand the Conflict of Interest policy of the Disability Rights NC and that I will abide by the terms of this policy at all times during my tenure as a member of the Disability Rights NC's Board of Directors. I also affirm that currently neither I nor any member of my family, nor my partner, my employer, nor any other person with whom I am closely associated has a financial interest in the business of the Disability Rights NC or in any way is involved in a transaction or relationship with Disability Rights NC which may create an appearance of a conflict of interest. I further understand and agree that should I become aware of any actual, potential, or perceived conflict of interest, I am obligated immediately to disclose such conflict to the Board of Directors and to abstain from voting on any issue related to that conflict of interest.

In addition, I understand and agree that my election to the Board of Directors carries with it the legal and fiduciary responsibility to act on all matters affecting the Disability Rights NC in good faith with a view to the interests of the nonprofit organization placing those interests above any personal interest I may have on any matter at issue. I also understand and agree that, in discharging my responsibilities as a member of the Disability Rights NC Board of Directors, I will exercise that degree of diligence, care, and skill which an ordinarily prudent person would exercise in my position under similar circumstances.

Date_____
Signature