



Application for Disability Rights NC Board of Directors

Disability Rights North Carolina advances and defends the rights of people with disabilities.

Name: _____ Email: _____

Address: _____ City: _____

Zip Code: _____ Phone number(s): _____

Business/Organization (if applicable): _____

DRNC is required to have a Board with a majority of members who are individuals with a disability or a family member of a person with a disability. DRNC also seeks a diverse board that reflects the race, ethnic, socioeconomic, geographic, gender, age and disability diversity of NC. *Personal information requested on this application is only used for ensuring the diverse board composition DRNC needs to fulfill its mission.*

1. Check all categories that apply to you:

Person with a disability Family member of person with a disability

If you checked one of the above, the disability is (please indicate all that apply):

Intellectual/Developmental Mental Health Physical Sensory

Traumatic Brain Injury

2. Race:

White Black/African American Hispanic/Latino Asian/Pacific Islander
 American Indian Two or more races (please specify) _____

3. Ethnicity:

Hispanic/Latino Not Hispanic/Latino

4. Age Range: 18-24 25-40 41-60 over 60

5. NC resident? Yes No If yes, please specify county: _____

6. Gender Identity: Male Female Other (please specify) _____
 Decline to state

7. How did you hear about DRNC? _____

8. Why do you want to join the DRNC Board of Directors? _____

9. Please describe your education and experiences related to disability, advocacy, leadership, and/or nonprofit organizations: _____

10. Describe an experience in which you advocated for yourself or someone with a disability:

11. List current or previous board or advisory council experience, including any leadership roles:

12. What skills, training, resources, and expertise will you bring to the DRNC Board?

Advocacy/Public policy

Entrepreneurship

Financial management

Fundraising

Government

Human Resources

Legal

Marketing/Public Relations

Networking* (*Identify communities below*)

Strategic planning

Technology

Other (please describe): _____

* Networking communities:

13. Are you able to commit to a 3-year board term, attending 4 board meetings per year (potentially in various NC locations), and to participating on a board committee?

___ Yes ___ No

14. If I am not selected to serve on the DRNC board, I would be interested in other volunteer work with DRNC. ___ Yes ___ No

_____ Check here if you would like to be added to the DRNC mailing list.

Please provide contact information for someone whom you have worked in an advocacy, volunteer, or professional role:

Reference Name: _____

Email: _____ Phone: _____

Address: _____ City, State & Zip Code _____

Business Organization (if applicable) _____

Consent

I agree to the following:

If selected to serve on the Board of Directors of Disability Rights North Carolina, I agree to participate in the training and orientation program for all Board members. I also agree to participate in quarterly meetings of the Board, which may involve travel around the state of NC. (Due to COVID-19, all meetings are currently being held virtually.) I understand that if I am unable to attend official DRNC meetings on a regular basis, I may be replaced as outlined in the DRNC Bylaws. I also understand that I will be expected to participate on at least one board committee and complete other assignments as needed. DRNC will reimburse travel costs consistent with DRNC policies. I have provided a full disclosure consistent with the DRNC conflict of interest policy (below).

_____ Applicant Signature

_____ Date submitted

Conflict of Interest Disclosure Statement

Consistent with policies established by the Board of Directors of DRNC, 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 DRNC Board.

1. I am (or a member of my immediate family is) an employee, officer, or director of an agency(ies), business(es), or organization(s) which is primarily related to providing a service to persons with disabilities. ___YES ___NO
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. ___YES ___NO
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. ___YES ___NO
4. If you have answered YES in any of the questions above, please provide a brief explanation of the potential conflict:
