



PEATC Board of Directors Application

Name: _____ E-mail: _____

Address: _____

Home phone: _____ Cell phone: _____

Employer: _____

I am a:

Parent of a child with special needs Professional Person with a Disability

Other (please explain): _____

How do you classify your race/ethnicity? (Check all that apply)

Asian

Caucasian

American Indian/Alaska Native

Latino/Hispanic

Black/African American

Pacific Islander

Other: _____

What languages do you speak?

English

Spanish

Other(s): _____

Which of the following groups do you have experience working with?

Business

Community

Education

Government

University

Health

Disability or Advocacy Organization: _____

Other: _____

Please answer the following questions.

Please explain why you are interested in serving on the PEATC Board of Directors.



PEATC Board of Directors Application

What skills and resources do you think you could bring to the PEATC Board?

Do you have any previous board experience? If you are currently serving on any Boards, please list them.

What committees or task forces have you served on? For each committee/task force, indicate the capacity in which you served.

Do you have any potential conflicts of interest?

Yes

No

Not sure

Are you willing to contribute a personally meaningful amount to the Parent Educational Advocacy Training Center, PEATC, making it one of your top three charities, and to help the organization raise funds?

Yes

No

Unsure

Are you able to connect PEATC with other potential donors?

Yes

No

Unsure

Do you have relationships with individuals and organizations that could be helpful to PEATC in other ways?

Please attach your resume to this application and fax, mail, or email to:

Parent Educational Advocacy Training Center, PEATC
403 Holiday Ct, Suite 104
Warrenton, VA 20186
bowers@peatc.org
Fax: 800-693-3514

Questions: Please call Suzanne Bowers, Executive Director, 703-923-0010