



NOMINATION APPLICATION FOR THE ARC OF CAPE MAY BOARD OF DIRECTORS

BOARD NOMINEE CONTACT INFORMATION:

Name: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____ Race/Ethnicity: _____

PLEASE IDENTIFY THE NOMINEE'S RELATIONSHIP TO THE I/DD COMMUNITY:

- Self-Advocate
- Parent
- Sibling
- Other family member / close relationship
- Professional in the I/DD field
- Interested citizen

EXPERIENCE, KNOWLEDGE AND EXPERTISE: *Please identify the areas in which the nominee has experience, knowledge or expertise. Indicate whether the experience is professional or volunteer by marking the box with a "P" and/or "V" and provide a brief description of your experience or expertise. Leave blank if the nominee does not have experience in the specified area.*

For Example:

<p>Branding / Marketing Worked for ABC marketing agency for 15 years as branding consultant. Managed large rebranding projects for local and multinational companies.</p>

Public Policy Advocacy

Medical

Fundraising

Financial Management

Branding and Marketing

Media and Community Relations

Law / Legal

Special Education, including early intervention services

Employment / Human Resources

Please indicate any other areas that nominee has experience, knowledge or expertise with a “P” for professional experience or “V for volunteer experience:

- | | |
|---|---|
| <input type="checkbox"/> Public Policy Advocacy | <input type="checkbox"/> Investment Management |
| <input type="checkbox"/> Individual Advocacy | <input type="checkbox"/> Community Living for Specific Populations (Spec. Pop.) |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Education for Spec. Pop. |
| <input type="checkbox"/> Corporate or Nonprofit | <input type="checkbox"/> Employment for Spec. Pop. |
| <input type="checkbox"/> Disability Law | <input type="checkbox"/> Housing for Spec Pop |
| <input type="checkbox"/> Community Building | <input type="checkbox"/> Health Care for Spec Pop. |
| <input type="checkbox"/> Branding / Marketing | <input type="checkbox"/> Research relating to Specific Pop. |
| <input type="checkbox"/> Financial Management | |
| <input type="checkbox"/> Political (Municipal, County or State) | |

Does the Nominee have any experience with The Arc? If so, please specify.

SELF NOMINATION SECTION

Note: Complete this section if you are nominating yourself. If you are nominating someone else, please skip this page.

Why are you interested in serving on the Board of The Arc?

How do you hope to contribute to the success of The Arc as a Board Member?

I have read the Core Values of The Arc and agree to support them.

Please provide three (3) references that are familiar with your qualifications.

Name	Address	Phone Number

THIRD PARTY NOMINATIONS

Note: Complete this section if you are nominating someone other than yourself.

If you are nominating someone other than yourself for a Board Member position, please provide your identifying information below.

Name	Address	Phone Number	Relationship to Nominee

Why do you believe that the person you are nominating should serve on the Board of The Arc?

In what ways do you believe they will be able to contribute to the success of The Arc?

***CLICK TO SUBMIT**
*Your email should open and automatically attach the application to your message. You may add a message to the comment section and press send. (If your email does not open immediately, you may need to save the application to your computer, then open your email and attach the saved document, put 'Online Application' in the subject line and email it to: pat@arcofcapemay.org).