

**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:*

- |  |   |
|--|---|
| <input type="checkbox"/> Self-Advocate | <input type="checkbox"/> Other family member / close relationship |
| <input type="checkbox"/> Parent        | <input type="checkbox"/> Professional in the I/DD field           |
| <input type="checkbox"/> Sibling       | <input type="checkbox"/> 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:**

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

**Public Policy Advocacy**

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**Medical**

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**Fundraising**

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**Financial Management**

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**Branding and Marketing**

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**Media and Community Relations**

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**Law / Legal**

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**Special Education, including early intervention services**

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**Employment / Human Resources**

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

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|---|---|
| <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.***

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*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?***

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

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***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?***

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

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**\*You will 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 to: pat@arcofcapemay.org).**