



## Board of Directors Application Form

**What is A Center for Independent Living?** A Center for Independent Living (CIL) is a non-residential, community-based organization, directed and managed by persons with disabilities, which is dedicated to the philosophy that all people with disabilities have the right and the responsibility to make choices to control the direction of their lives and participate fully and equally in their communities. CILs differ from traditional service agencies in many ways, the first being that they are staffed and governed primarily by persons with disabilities. Federal and State laws, which define CILs mandate that at least 51% of staff and board are persons with disabilities. This brings a positive perspective based on personal experience with disability and an understanding of issues and barriers faced, and the potential for success.

### AIM-CIL MISSION

OUR MISSION is to empower persons with disabilities to effectively control and direct their lives. The Center provides leadership through training, community development, and advocacy to enable persons with disabilities to fully participate in family, social, and community life.

### INDEPENDENT LIVING PHILOSOPHY

Is based on the fundamental understanding that all people should have access to the same privileges, options, and control over choices in their own lives whether or not they have a disability. Independent living promotes the rights of all persons and insures that people can live independently, make their own choices, contribute to society, pursue meaningful careers, and enjoy full inclusion and integration in their communities.

**OUR COMMITMENT:** To build a dedicated and sustainable leadership team around shared values and priorities that will benefit the AIM-CIL in fulfilling its mission and meeting its goals. Tantamount to this is assuring that AIM-CIL is always disability focused and driven towards empowerment and leadership within the disability community.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Video Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Last Year of education completed: \_\_\_\_\_

Do you have a disability? Yes \_\_\_\_\_ no \_\_\_\_\_ If Yes, please check all that apply:

- Cognitive
- Mental/Emotional
- Physical
- Hearing
- Vision
- Multiple
- Other \_\_\_\_\_

**Ethnicity**

- Asian
- Native Hawaiian or other Pacific Islander
- African American
- Hispanic/Latino
- Caucasian
- Two or more races
- Other \_\_\_\_\_

Place of employment: \_\_\_\_\_

Type of work/position: \_\_\_\_\_

Describe your background in disability issues: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Briefly describe why you would like to join our Board of Directors:**

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**Your current organizational affiliations (names of the organization and your role(s):**

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**Which of your skills would you like to utilize on the Board? Check those that apply:**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Board development  | <input type="checkbox"/> Finance     |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Advocacy           | <input type="checkbox"/> Personnel   |
| <input type="checkbox"/> Outreach           |                                      |

**Other skill(s) of yours that you would like to utilize?**

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**Are you willing to make annual donations to the Center? \_\_\_\_\_**

**Are you willing to help raise money for the Center? \_\_\_\_\_**

**The Center is involved with many advocacy issues. Some of these are in the media. How do you feel about being involved in an organization that advocates on behalf of people with disabilities?**

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**In what way will you help in advocacy efforts?**

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**Please state anything else you would like to add related to your interest in serving on the AIM-CIL Board of Directors:**

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If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

Yes

No

Perhaps