



Education for Parents of Indian Children with Special Needs (EPICS)

Board of Director's Application

Name: _____

Address: _____

Street / P. O. Box

City

State

Zip Code

Telephone Numbers: Home () _____ Work () _____ Cell () _____

Email Address: _____

Occupation/Employer _____

Tribal Affiliation: (if applicable) _____

1. How did you first learn about EPICS services? _____

2. Do you, or does a member of your family, have a disability?

Yes ___ No ___ Age(s) of Child(ren) _____

Please check all that apply:

___ Autism ___ Deaf-Blindness ___ Deaf-Hearing Impairment ___ Visual Impairment

___ Developmental Delay ___ Emotional Disturbance ___ Mental Retardation

___ Multiple Disabilities ___ Orthopedic Impairment (physical) ___ Specific Learning Disability

___ Speech or Language Impairment ___ Traumatic Brain Injury ___ Other Health Impairment

(ADD, ADHD)

Please explain: _____

3. Have you, or one of your family members, used the services of EPICS? Yes ___ No ___

Please explain: _____

4. Do you have any friends or relatives who are presently employed with EPICS? Yes ___ No ___

Please explain: _____

5. Please check areas of volunteer expertise or interest:

- | | | | |
|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Law | <input type="checkbox"/> Child Health/Education | <input type="checkbox"/> Disability | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Accounting/Budget | <input type="checkbox"/> Government | <input type="checkbox"/> Lobbying | |
| <input type="checkbox"/> Finance/Banking | <input type="checkbox"/> Web Development/ | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Media/Public Relations | <input type="checkbox"/> Data Systems | | |

6. Please explain question 5 and/or describe any other skills or experience you have which would be helpful to our organization: _____

7. List other civic and/or charitable organizations you are involved with and what your responsibilities are to those groups: _____

8. Why are you interested to serve as a member of the Board of Directors for EPICS?

I understand that EPICS is a non-profit organization. As such, I understand that Officers and Directors who serve on the organization's Board do so on a voluntary basis and without compensation, emolument or perquisites arising from their position.

SIGNATURE OF APPLICANT: _____ DATE: _____