



EMPOWERING
PEOPLE WITH
DISABILITIES TO
INDEPENDENCE

A 501 (c) (3) Non-profit Organization, Tax ID#85-8012581437C-0
3281 17th Street
Sarasota, FL 34235
(941) 351-9545 Fax: (941) 316-9320
www.scil4u.org

APPLICATION FOR BOARD MEMBERSHIP

Please return your completed application via email

ExecDir@scil4u.org

Name: _____

Social Security #: _____

Address: _____

City/State/Zip: _____

Contact: Home: _____ Work: _____

Cell: _____ Fax: _____

Email: _____

Present Employer: _____

Present Occupation: _____

Education: _____

Related Experience: _____

Charitable Affiliations, Civic Organizations, Memberships, etc.

To be in compliance with the Rehabilitation Act of 1973, fifty-one percent (51%) of SCIL's Board of Directors must be individuals with a significant disability.

How can you assist SCIL by being a member of its Board of Directors?

What committees and activities interest you most?

References:

Please attach a copy of your resume to this form.

Name:	Organization:	Phone:	Years Known:
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Signature of Applicant

Date

INTERNAL USE ONLY

Comments: _____

Board Action & Recommendation: _____

Date Elected: _____ Term: _____