

PEAK Parent Center

Prospective Board/Committee Member Information Form

PEAK Parent Center is committed to involving individuals with diverse skills, backgrounds, and experiences and from diverse geographic areas on its Board of Directors and on committees of the Board. If you are open to being considered for such a role, we would appreciate your completing this form.

I. Personal Information

Date: _____

Name: _____

Address (Home): _____ City: _____ State/Zip: _____

Business/ Occupation: _____

Title/Position: _____

Address (Work): _____ City: _____ State/Zip: _____

Telephone/Day: _____ Telephone/Evening: _____

Cell: _____ E-mail: _____

Please explain any personal connection you may have with disability issues: If you are a parent of a child with a disability, please give the child's age and disability label.

II. Information to Help Us Know You

Professional skills: _____

Interests: _____

Community service: _____

Affiliations with civic groups, corporations, or foundations: _____

Experience with governance of non-profit organizations: _____

Personal experience with any ethnic or cultural groups: _____

Anything else you'd like to share with us: _____

III. Involvement with PEAK Parent Center

Please describe your connection to PEAK? _____

Share with us what interest you have about our organization: _____

What can you contribute to PEAK? _____

Areas of Interest
(check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Education/Instruction |
| <input type="checkbox"/> Personnel/Human Relations | <input type="checkbox"/> Administration/Management |
| <input type="checkbox"/> Nonprofit Governance | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Policy Development | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Outreach/Advocacy |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Individual Donor Meetings |

Please return this form to:

BARBARA BUSWELL
PEAK Parent Center
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Colorado Springs, CO 80903
or
Email: volunteer@peakparent.org