
Consumer Application for
Northeast Wisconsin Family Care
Board of Directors

Name: _____

Home address: _____

City/Town: _____

Zip code: _____

Home Phone: _____

Work phone: _____

Cell Phone: _____

Email address: _____

Please indicate if you are a:

- Member of a target group served by Family Care
- Family member or guardian of a person of a target group served by Family Care
- Advocate of a target group served by Family Care

Please indicate which target group that you are a member of, a family member or an advocate of:

- Developmentally Disabled
- Physically Disabled
- Frail Elderly

Complete the attached questions and **return by July 7, 2010** along with a cover letter indicating your interest and qualifications to the attention of:

Rolf K. Hanson, Planning Director, at the above address no later than _____.

Name: _____

(Responses are not limited to one page)

1. Please describe why you are interested in becoming a Board Member:
2. Describe any present or past Board level experience and or other relevant experience:
3. Describe your strengths and abilities which will add value to the Board:
4. Describe how you intend to fulfill the role of a Director as outlined in the Background Information for Prospective Board Members:
5. Describe how you will work with the Board and CEO.
6. Describe your commitment to attend and prepare for monthly meetings and serve on additional committees or work groups as needed by the Board.
7. Additional information you believe should be considered in your application: