



AUTISM SOCIETY OF BOUDLER COUNTY

Prospective Board/Committee Member Information Form

Autism Society of Boulder County is committed to involving individuals with diverse skills, backgrounds, and experiences 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.

Personal Information

Name: _____

Title/Organization or Business: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Fax: _____ 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:

Information to Help Us Know You

Professional skills: _____

Interests: _____

Community Service: _____

Affiliations with civic groups, corporations, or foundations: _____



Information to Help Us Know You

Affiliations with civic groups, corporations, or foundations: _____

Educational Background: _____

Experience with governance of non-profit organizations: _____

Personal experience with any ethnic or cultural groups: _____

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

Involvement with Autism Society of Boulder County

Please describe your connection to ASBC? _____

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

What can you contribute to ASBC? _____

Please return this form to:

Autism Society of Boulder County
P. O. Box 270300
Louisville, CO 80027