



Application Form

BOARD OF DIRECTORS

Date: _____

Name: _____

Home address: _____ Home phone: () _____

City: _____ Zip code: _____ County: _____

Occupation: _____ Title: _____

Employer: _____

Work address: _____ Work phone: () _____

City: _____ Zip code: _____ County: _____

Primary email address: _____

I am a:

☐ Parent of a child with special needs ☐ Professional ☐ Person with a Disability

☐ Other: _____

How do you classify your race/ethnicity? (Check all that apply)

☐ Asian ☐ Caucasian
☐ American Indian/Alaska Native ☐ Latino/Hispanic
☐ Black/African American ☐ Pacific Islander
☐ Other: _____

What languages do you speak?

☐ English ☐ Spanish ☐ Other(s): _____

Where in Maryland do you live?

☐ Western (Garrett, Allegany, Washington)
☐ Central (Howard, Anne Arundel, Baltimore, Baltimore City, Harford, Carroll)
☐ Capitol (Montgomery, Prince George's, Frederick)
☐ Southern (Charles, Calvert, St. Mary's)
☐ Eastern Shore (Cecil, Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Somerset, Worcester)
☐ Other: _____



Which of the following groups do you represent?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Business | <input type="checkbox"/> Government |
| <input type="checkbox"/> Education | <input type="checkbox"/> Health |
| <input type="checkbox"/> University | <input type="checkbox"/> Community |
| <input type="checkbox"/> Disability or Advocacy Organization: _____ | |
| <input type="checkbox"/> Other: _____ | |

Please answer the following question:

How did you learn about The Parents' Place of Maryland?

Please explain why you are interested in serving on the Board of Directors for the Parents' Place of Maryland.

What skills and resources do you think you could bring to the organization? Choose three areas, and describe what you can do in detail. This might include such areas as relationships, funders, and partners you might potentially connect us with.

What Board experience do you have? If you are currently serving on any Boards, please list them.

What committees or task forces have you served on? For each committee/task force, indicate the capacity in which you served.

Do you have any potential conflicts of interest?



Which committee(s) would you like to serve on? Committees typically meet monthly.

☐ Finance ☐ Fundraising ☐ Nominations

Are you willing to contribute a personally meaningful amount to the Parents' Place of Maryland, making it one of your top three charities, and to help the organization raise funds?

☐ Yes ☐ No ☐ Unsure

Are you able to connect the Parents' Place of Maryland with other potential donors?

☐ Yes ☐ No ☐ Unsure

Do you have relationships with individuals and organizations that could be helpful to the Parents' Place of Maryland in other ways?

☐ Yes ☐ No ☐ Unsure

If so, please list them below.

Additional Comments:

Please attach your resume to this application. THANK YOU!

Please fax, mail, or email to: The Parents' Place of Maryland
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Glen Burnie, MD 21061
Fax: (410) 768-0830
suzie@ppmd.org