



# **AUTISM SOCIETY OF BOULDER COUNTY**

## **Prospective Board/Committee Member Information Form**

Autism Society of Boulder County is committed to involving individuals with diverse skills, backgrounds, and experiences on its Board of Directors and Committees. If you would like to be considered for such a role, please complete and submit this form.

### **Personal Information**

Name: \_\_\_\_\_

Title/Organization or Business: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a member of Autism Society of America? \_\_\_\_\_ Membership expiration date \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Or email to [info@autismboulder.org](mailto:info@autismboulder.org)