Thank you for your interest in serving on Disability Rights New Jersey’s Board of Directors. Disability Rights NJ strives for representation on its Board of Directors of all eligible populations, racial, ethnic and geographic diversity and diversity of age and gender and is therefore requesting the following personal information:

#### PERSONAL INFORMATION

Name:

###  Last Name Middle

Home address:

 City: State Zip

Home Phone:

Preferred E-mail

Age bracket: 21 and under\_\_; 22-35\_\_; 36-50\_\_; 51-65\_\_; over 65\_\_

Ethnicity: White\_\_; Hispanic\_; African American\_\_; Asian\_\_

LGBTQ (optional): Yes or No (circle one)

Employment Status:

 Retired? Yes or No (circle one)

 If employed: Title:

Organization:

Address:

 City: State: Zip

Work Phone:

Work Email:

Please list additional employers for last 5 years if current employment listed above has been less than 5 years:

What is your interest in Disability Rights NJ? (Please include whether your perspective is as a Consumer, Parent, Advocate, and/or Professional.)

Please list the three most valuable things you can provide to Disability Rights NJ as a board member:

Please list other board experience including pending board applications:

Please list education/professional background, special skills or fundraising experience not otherwise listed:

 .

## Additional information you wish to provide: