



AUTISM ASSOCIATION OF NORTHEAST ARKANSAS, INC.
PO Box 16995
JONESBORO, AR 72403

Personal Information

Name: _____ Employer: _____

Address: _____ Education: _____

City, State, Zip: _____

Daytime phone: _____

Evening phone: _____

Email address: _____

Background

1. Please describe your interest and motivation for serving on the Board of Directors.

2. What qualifications will you bring to the AANE, Inc. Board of Directors?

What skills and knowledge are you willing to bring to our board? Please indicate your experience in the following areas.	very experienced	some experience	little or no experience
strategic planning			
fundraising			
board development (recruitment, training, evaluation)			
program planning and evaluation			
recruiting, hiring and evaluating personnel			
financial management and control (budgeting, accounting)			
communication, public and media relations;			
participation in interagency committees.			
public speaking			
organizational development			
information technology			
writing, journalism			
special events (planning and implementing)			

3. Please explain your knowledge of the issues affecting persons with disabilities.

4. Describe your experience in community organizations, including service on boards or advisory committees.

5. Please describe your leadership or policy development experience.

6. Please describe any volunteer experience you have.

7. Please describe any issues you are passionate about:

Please check all that may apply to you:

- Parent or relative of individual with autism
- Educator
- Medical Professional
- Community Leader
- Service Provider (PT, OT, SLT, Social Work, Case Management, Mental Health)
- Other (Please Describe) _____

Candidate Consent

As a member of the Autism Association of Northeast Arkansas, Inc.'s Board of Directors, you will be required to meet at least 10 times per year and serve on at least one standing committee that also meets once a month. You will be asked to read minutes, monitoring reports, financial statements, attend training, and keep abreast of events and issues relating to the operation and policies of the association. Your signature to this application signifies your intent to commit to the above and certifies the statements made on this application are true to the best of your knowledge.

Signature: _____ Date: _____

Please include any additional information you wish to include.