



DISABILITY RIGHTS

NEW YORK

New York's Protection & Advocacy System and Client Assistance Program

BOARD MEMBER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

725 Broadway, Suite 450
Albany, New York 12207
(518) 427-6561 (fax)

25 Chapel Street, Suite 1005
Brooklyn, New York 11201
(718) 797-1161 (fax)

44 Exchange Blvd, Suite 110
Rochester, New York 14614
(585) 348-9823 (fax)

mail@DRNY.org • www.DRNY.org

(800) 993-8982 (toll free) • (518) 432-7861 (voice) • (518) 512-3448 (TTY)

DRNY values diversity. In fact, the P&A laws and regulations require that individuals with a disability are clearly represented on the Board.

I am a person with:

- Intellectual Disability (ID)
- Developmental Disability (DD)
- Psychiatric or Mental Health Disability (MH)
- Learning Disability (LD)
- Sensory Disability (SD)
- Physical Disability (PD)
- Other Disability: (please specify):_____
- Family member of an individual with a disability

Please circle all that apply: ID DD MH LD SD PD Other

- Guardian of an individual with a disability
- Please circle all that apply: ID DD MH LD SD PD Other

- Advocate of an individual with a disability
- Please circle all that apply: ID DD MH LD SD PD Other

- Authorized representative of an individual with a disability
- Please circle all that apply: ID DD MH LD SD PD Other

- Knowledgeable about the needs of the P&A System

I am:

- African American
- Asian
- Pacific Islander
- Native Hawaiian
- Hispanic
- Latino
- Alaskan Native
- Native American
- White
- Multi-racial

I identify as:

- Female
- Male
- Gay
- Lesbian
- Bisexual
- Transgender
- Decline to state

Why do you want to be a DRNY Board member?

Describe any experience advocating for people with disabilities.

Are you a member of other disability or civil rights organizations?

If so, please identify those groups below.

Describe your experience in community organizations, including service on boards or advisory committees. Please identify all organizations.

Discuss your experience and/or knowledge, of working with racially, ethnically or geographically underserved disability communities.

Discuss your leadership or policy development experience.

Please provide an overview of any specific professional expertise you would bring to the DRNY Board for example: fundraising, management, administration, strategic planning, budget/finance, legal practice, or public relations.

Are you willing to participate in and support fundraising for DRNY?

Please provide an overview of any specific fundraising experience you would bring to the DRNY Board.

Please note that board members are expected to participate in all board meetings and mandatory training. There may be additional time commitments for committee meetings and other board activities. DRNY will provide travel and meal reimbursement, as well as support for accommodations, for participation in board meetings and activities.

Are you willing to participate in quarterly board meetings either in person or by teleconference and to serve on a board committee(s)?

Are you willing to participate in mandatory board training activities?

I live in the following area:

- Western New York
- Central New York
- Southern Tier
- Capital District
- New York City (5 Boroughs)
- Nassau or Suffolk County
- North Country

Please provide any other information that you feel would be helpful to the Board in making its determination.

I affirm that the above information is true and accurate.

DATE: _____

SIGNATURE: _____

PLEASE EMAIL OR MAIL YOUR COMPLETED APPLICATION, INCLUDING A COPY OF YOUR RESUME, TO:

**TIMOTHY A. CLUNE, ESQ.
EXECUTIVE DIRECTOR
DISABILITY RIGHTS NEW YORK
725 BROADWAY
SUITE 450
ALBANY, NEW YORK 12207
TIM.CLUNE@DRNY.ORG**