

# The ARC, Susquehanna Valley

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## Board of Directors Biographical Data Form

You may attach a resume and/or other documents that fulfill the request information herein, but, please complete the Demographic (first) section below.

### DEMOGRAPHICS

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Please check at least one:

I am a self-advocate       I am a self-advocate family member

\*I work for an agency or am a professional serving self-advocates

I am a concerned community member List profession: \_\_\_\_\_

\*If you checked that you work for an agency or are a professional serving self-advocates, please list the type of service and your role (e.g. day staff assigned to a self-advocate; administrator at an agency serving self-advocates; counselor in private practice; special ed teacher in a school district, etc.)

\_\_\_\_\_

### EDUCATION

Education: (High School) \_\_\_\_\_

(College(s) or additional training) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT AND/OR VOLUNTEER SERVICE**

Current or most recent occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Community/Volunteer Activities and Memberships: \_\_\_\_\_

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**VISION AS A BOARD MEMBER**

What services, programs, etc. do you envision for The Arc, Susquehanna Valley in order to better serve our self-advocates?

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What interests you about serving on The Arc Board of Directors? \_\_\_\_\_

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Please provide three references (name, address, phone number, and how you are affiliated) that the membership committee may contact for further evaluation.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 9/25/17 - RAR