

**Parent Network of WNY
Board of Directors Application**

Name: _____

Home Address: _____

Home Phone: _____ Home Fax: _____

Preferred E-mail Address: _____

Relevant/Professional Experience

(to include, if relevant, non-professional positions and positions of community interest)

Present Position: _____

Company Name: _____

Work Address: _____

Work Phone: _____ Work Fax: _____

Length of Employment: _____

Previous Position/ Company: _____

Relevant Experience: _____

Education/ Training

High School: _____

College/ Degree: _____

Relevant Training: _____

Are you a parent of an individual with special needs? _____ Yes _____ No

Involvement in the Parent Network of WNY

Position(s) Held	Responsibilities	Dates

Check all areas of expertise you bring to the Parent Network Board of Directors

- | | | |
|--|--|---|
| <input type="checkbox"/> Human Resource | <input type="checkbox"/> Investments | <input type="checkbox"/> Administration |
| <input type="checkbox"/> PR/ Marketing | <input type="checkbox"/> Legal | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> Education | <input type="checkbox"/> Financial/ Budgeting |
| <input type="checkbox"/> Fund-raising/ Development | <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Business Management |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Medical/ Health | <input type="checkbox"/> Other _____ |

Community Involvement

Position(s) Held	Responsibilities	Dates

Please state if there is a standing committee you would prefer to serve on:

Please let our Agency’s Board of Directors know if there are any accommodations you may need:

I understand that if I should be selected and unable to fulfill my responsibilities, I may be removed from the board.

Signature

Date

Please mail or fax the completed application to: Parent Network of WNY (Fax # 716-332-4171)
 1000 Main Street
 Buffalo, NY 14202

Parent Network of WNY Board of Directors responsibilities:

1. Attendance at monthly BOD meetings(1 hour) and bimonthly committee meetings. Understanding that other personal or professional obligations may interfere, a reasonable request a maximum of three missed meetings for 75% attendance should be adhered to.
2. Term of service is for three years and may serve for two consecutive terms. Officers serve in that role for years, officer position include; chairperson, chair-elect, treasurer and secretary.
3. Although not mandatory, a financial contribution should be considered.
4. A willingness to serve on a least 1 committee, with the intent to be an active contributor.
5. Presence at the annual fundraiser, Harvest Honors.
6. A full understanding of the By-Laws through orientation and BOD training that will be scheduled at a time separate from BOD meetings. All BOD are expected to familiarize themselves with Parent Network of WNY services.
7. All BOD are expected to familiarize themselves with Parent Network of WNY services. When possible, workshop sessions offered by PNWNY may be attended for BOD development.
8. Represent Parent Network of WNY, it's administration and staff, it's BOD, the agency mission and purpose, in a manner that exemplifies professionalism and sincerity to it's core values.
9. Works to develop Parent Network of WNY in a manner that embraces progress and advancement of PNWNY's operations and it's commitment to the family members of individuals with disabilities.