

**Connections for Independent Living  
Board of Directors Profile**

*Completion of this profile does not constitute acceptance as a board member nor does it infer a contractual obligation between Connections and any individual candidate.*

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

Term

Expires: \_\_\_\_\_

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

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

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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

Preferred Mailing Address: \_\_\_\_\_ Preferred method of communication? \_\_\_\_\_

**Personal Information:**

Birthday \_\_\_\_\_

(M/D) Spouse Name: \_\_\_\_\_

Children: \_\_\_\_\_

Professional Affiliations: \_\_\_\_\_

Community Activities - other nonprofit boards and committees:

\_\_\_\_\_

Other Interests: \_\_\_\_\_

Committee Preference? (circle a minimum of 2) Development, Finance, Special Events, Marketing, Other? \_\_\_\_\_

Please attach background information or résumé, if available and B&W photograph, (résumé preferred)