

# DCARA Board Application Form

Name \_\_\_\_\_ Phone/VP \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

Relevant community experience and/or employment (attach a resume if relevant):

Why are you interested in serving as a Board Director of DCARA?

Are you committed to serving a full term (3 years)?

Are you willing to actively fundraise for DCARA if training is provided?

Area(s) of expertise/contribution you feel you can make to DCARA as Board Director:

Other current volunteer commitments:

Do you foresee any potential conflicts with attending the Board meeting, which falls on the second Tuesday of each month?

---

**Qualified applicants will be interviewed the week of December 6, 2010.**

The interviews will be conducted in American Sign Language (ASL). If you are contacted for an interview, please indicate at that time if you will require special accommodations and which accommodations best meet your needs.

---

**Deadline for Application Submission is November 19, 2010.**

**Please submit your application to:**

**[board@dcara.org](mailto:board@dcara.org) or**

**DCARA Headquarter**

**14895 East 14<sup>th</sup> St., Suite 200**

**San Leandro, CA 94578-2926**

**Attention: Board Development Committee**

---

[www.dcara.org](http://www.dcara.org)

---