



# Education for Parents of Indigenous Children with Special Needs

## Board of Director's Application

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

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

Street / P.O. Box

City

State

Zip Code

Telephone Numbers:

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

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

Occupation/Employer \_\_\_\_\_

Tribal Affiliation: (if applicable) \_\_\_\_\_

1. How did you first learn about EPICS services?

\_\_\_\_\_  
\_\_\_\_\_

2. Do you, or does a member of your family have a disability?

Yes \_\_\_ No \_\_\_ Age(s) of Child(ren) \_\_\_\_\_

Please Check all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Orthopedic Impairment (physical) | <input type="checkbox"/> Deaf-Hearing Impairment             | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Developmental Delay              | <input type="checkbox"/> Emotional Disturbance               | <input type="checkbox"/> Autism            |
| <input type="checkbox"/> Intellectual Disability          | <input type="checkbox"/> Multiple Disabilities               | <input type="checkbox"/> Deaf-Blindness    |
| <input type="checkbox"/> Traumatic Brain Injury           | <input type="checkbox"/> Orthopedic Impairment (physical)    |  |
| <input type="checkbox"/> Specific Learning Disability     | <input type="checkbox"/> Speech or Language Impairment       |  |
| <input type="checkbox"/> Gifted                           | <input type="checkbox"/> Other Health Impairment (ADD, ADHD) |  |

Please Explain:

\_\_\_\_\_

3. Have you, or one of your family members, used the services of EPICS?

Yes \_\_\_ No \_\_\_

Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any friends or relatives who are presently employed with EPICS?

Yes \_\_\_ No \_\_\_

Please Explain:

\_\_\_\_\_  
\_\_\_\_\_



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5. Please check areas of volunteer expertise or interest:
- Child Health /Education     Web Development/Data Systems     Law
- Accounting/Budget     Media/Public Relations     Lobbying
- Finance/Banking     Government
- Other: \_\_\_\_\_
6. Please explain question 5 and/or describe any other skills or experience you have which would be helpful to our organization: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
7. List other civic and/or charitable organizations you are involved with and what your responsibilities are to those groups: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Why are you interested to serve as a member of the Board of Directors for EPICS? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I understand that EPICS is a non-profit organization. As such, I understand that Officers and Directors who serve on the organization's Board do so on a voluntary basis and without compensation, emolument or perquisites arising from their position.

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_