

**Deaf-Blind Service Center  
Board Member Application Form**

Date: \_\_\_\_\_

Name: Ms/Mr/Mrs : \_\_\_\_\_

Address (home) : \_\_\_\_\_

(Email) \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (office): \_\_\_\_\_

Occupation : \_\_\_\_\_

Position : \_\_\_\_\_

Please indicate below your experience in the following:

\_\_\_\_\_ Work in the field of Deaf-Blindness

\_\_\_\_\_ Are you Deaf-Blind? \_\_\_\_\_ Deaf? \_\_\_\_\_ Blind?

\_\_\_\_\_ Are you a sibling or significant other of someone who is Deaf-Blind?

\_\_\_\_\_ Finance/Budget \_\_\_\_\_ Public Relations

\_\_\_\_\_ Legal \_\_\_\_\_ Fund-raising

\_\_\_\_\_ Computers \_\_\_\_\_ Political

\_\_\_\_\_ Social Services

\_\_\_\_\_ Business Community Connections

\_\_\_\_\_ Parliamentary procedures/ Facilitation skills

\_\_\_\_\_ Other skills \_\_\_\_\_

Education:

Volunteer Experience:

Current Agency or Board Affiliations (if applicable):

Why would you like to be on the Board of DBSC?:

Comments:

Mail to: DBSC  
1620 18<sup>th</sup> Ave., Suite 200  
Seattle, WA 98122  
jnuccio@seattledbsc.org