TASP Governing Board Member Application Self-Advocate Application

Please complete entire form and submit to tasp.chelsea@gmail.com

Personal									
First	Last		Do you have a nickname?						
Address									
Home Phone	Work Phone	Cell Phone	E-mail						

About you and your family

Do you have a disability?

If yes, what is your disability? (only tell us if you want to)

Do you have children?

If so, what are their names and ages?

WI	What are you good at? What are your strengths?						
	Reading Financials		Business management		Accounting		
	Human Resources		Fundraising		Grant Writing		
	Administration		Outreach/Advocacy		Non-Profit		
					Experience		
	Community Service		Leadership		Law/legal Issues		
			Development				
	Program Evaluation		Information Technology		Web Design		
	Public Relations		Strategic Planning		Event Planning		
	Marketing		Education/Instruction		Medical/Health Care		
	Membership		Social media		Parent Education		
	Growth						

	d your work as a self-advocate and parent.							
Time Commitment: Board meetings are held every other month for two hours on Zoom.								
board members join 1 or 2 committees. Com	Board members join 1 or 2 committees. Committees meet each month 1-2 hours.							
Can you come to a board meeting (on Zoon	1) every other month? Yes / No							
Can you join a committee and take part in their monthly meetings? Yes / No								
What committee are you interested in joining? (circle)								
Education Committee	Finance Committee							
Advocacy Committee	Development Committee							

Complete the form and send back to Chelsea with a picture of yourself for our website!