



## Board Member Application

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

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

City, State, ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Please attach a brief statement as to why you are interested in serving on the Three Rivers Inc. Board of Directors. Include what experience or expertise that you possess that may be of benefit to the agency.

Do you have experience serving on other Board or Directors?  Yes  No

Have you been employed by Three Rivers Inc. in the past?  Yes  No

If yes, when and in what capacity? \_\_\_\_\_

Are you directly related to any current employees of Three Rivers Inc.?  Yes  No

*Three Rivers Inc. is committed to maintaining a consumer driven Board through the appointment of individuals with disabilities as Board members. In order to meet our requirements we offer you the option of disclosing whether or not you have a disability. Optional Disability Disclosure (if any):*

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

Do you need any special accommodations in order to fully participate in Board meetings? (All our facilities are fully accessible) other accommodations might include large print materials, Braille, sign language interpreters etc.:



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Three Rivers Inc. generally holds (9) nine general Board meetings and one Board/staff event each year. If appointed to the Board, are you willing to commit to attending at least six of these events each year during your three year term?    \_\_\_ Yes    \_\_\_ No

Other comments:

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Please provide at least 2 references who could address your capabilities as a potential Board member.

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

Contact information: \_\_\_\_\_

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

Contact Information: \_\_\_\_\_

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Applicant Signature

Date



Access to Independent Living

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Date received by Executive Director: \_\_\_\_\_

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Serving Brown, Clay, Geary, Marshall, Nemaha, Pottawatomie, Riley, Wabaunsee, & Washington Counties and  
Prairie Band Potawatomi Nation

**visit our website at: [www.threeriversinc.org](http://www.threeriversinc.org)**

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