



PROJECTEYETOEYE

Project Eye to Eye Associate Board Application

Please return this application to Shena Vagliano, shena_vagliano@projecteyetoeye.org by February 15, 2010. Questions about the application can also be directed to David Singer, dasinger@gmail.com

Please type or print:

BASIC INFORMATION

Name: _____

Home Address: _____

(street)

_____ (city) _____ (state) _____ (zip)

Home Telephone: _____ / _____ Fax: _____ / _____

E-mail: _____

DEMOGRAPHICS

LD/ADHD Person Family Member w/ LD/ADHD LD/ADHD Professional
 LD/ADHD Supporter Other _____

EDUCATIONAL HISTORY:

Undergraduate Institution: _____

Degree & Major: _____

Graduate Institution: _____

Degree & Program: _____

EMPLOYMENT SECTION (Please also attach resume)

Current Employer: _____

Type of business: Corporation Government Not-for-profit

Other Describe: _____

Title: _____

Responsibilities: _____

Business Address: _____

(street)

_____ (city) _____ (state) _____ (zip)

Home Telephone: _____ / _____ Fax: _____ / _____

OTHER:

What other professional or non-profit organization(s) are you involved in (include leadership roles)? _____



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In which of the following areas do you have expertise?

- Event Planning Fund Raising Membership Development
 Networking Public Speaking Marketing/Public Relations
 Non-profit governance/ management Other: _____

Please provide details on any marked expertise below:

QUESTIONS (please answer these 3 questions in single page max):

Why are you specifically interested in being involved in an organization focused on Learning Disabilities and ADHD?

How do you think that Project Eye-To-Eye is addressing the challenges faced by children and adults with learning disabilities?

What role do you see yourself playing on the associate board and what skills do you bring to the table (be specific and site prior experiences)?

Signature: _____ Date: _____