



Please forward this application to:  
The Arc of the Central Chesapeake Region  
c/o Nominating Committee  
931 Spa Road  
Annapolis, Maryland 21401  
Or fax to 410-269-0091

Or email to [ademoreland@thearcCCR.org](mailto:ademoreland@thearcCCR.org) with subject line: Nominations.

1. Your Contact Information

Name:

Address:

County:

Telephone:

Email Address:

Age:

Ethnicity:

Are you a member of The Arc of the Central Chesapeake Region? Yes No

2. How would you describe yourself - please check **all** that apply:

\_\_\_\_\_ I am a person with developmental disabilities.

\_\_\_\_\_ I am a family member of a person with cognitive and developmental disabilities. Please state your relationship - mother, brother, etc, and the age of your family member with cognitive and developmental disabilities.

Relationship:

Age:

\_\_\_\_\_ I am a professional in the field of developmental disabilities. Please state your discipline, position, or other descriptive information.

\_\_\_\_\_ I am a concerned citizen and wish to contribute my time and talents.

3. Please indicate your professional background and expertise, such as Accounting, Attorney, Fundraising, Marketing, Medical, Financial, Etc.

4. Please describe your special interests in disabilities: (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Education/Special Education               | <input type="checkbox"/> Housing                         |
| <input type="checkbox"/> Early Intervention                        | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Children's Issues                         | <input type="checkbox"/> Employment                      |
| <input type="checkbox"/> Legal Advocacy                            | <input type="checkbox"/> Health and Medical Care         |
| <input type="checkbox"/> Aging Issues                              | <input type="checkbox"/> Community Services/Waiting List |
| <input type="checkbox"/> Self Advocacy                             | <input type="checkbox"/> Prevention                      |
| <input type="checkbox"/> Governmental Affairs/Legislative Advocacy |  |
| <input type="checkbox"/> Other:                                    |  |

5. Our mission: The Arc of the Central Chesapeake Region advocates for the rights and respect of all people with intellectual and developmental disabilities by providing resources and inspiring community awareness and action.

Briefly describe what this mission means to you and how you would contribute to the organization's mission as a member of the Board of Directors.

6. Please provide any other information you would like to share about your experience and background for the Nominating committee or attach a resume.

7. I have reviewed the Core Values of The Arc and will support these values.

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

Thank you very much for your interest in The Arc of the Central Chesapeake Region!

Questions? Call (410) 269-1883