



Tourette Syndrome Association of Illinois (TSA-IL)

800 E Roosevelt, A-10, Glen Ellyn, IL 60137

tsaillinois@yahoo.com tsa-illinois.org

Board Member Application

Contact Information

Applicant name: _____

Address: _____

City/Town _____ State _____ Zip code _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Email address: _____

Best method and time to reach you: _____

Emergency contact person name: _____

Relationship: _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Applicant Information

1. Please indicate all special skills or areas of expertise that you would contribute to our organization, and elaborate in the space provided below:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Administration | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Corporate Contacts |
| <input type="checkbox"/> Management | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Presentations | <input type="checkbox"/> Not-for-profit governance |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Education | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Legislative | <input type="checkbox"/> Foreign Lang. | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Programming | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Training | <input type="checkbox"/> Info. Systems |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Executive | <input type="checkbox"/> Research | <input type="checkbox"/> Volunteer Organization |
| <input type="checkbox"/> Other _____ | | | |

Additional Comments:

1. Please tell us about your work experience, including paid and volunteer positions.

If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the Tourette Syndrome Association of Illinois volunteer position.

A. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

B. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

C. Organization: _____

City/State: _____

Position/Title: _____

Type of work: _____

Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other

2. What skills and strengths would you contribute to TSA-IL?

3. Have you ever been convicted of any Felony or any crime against children or animals?

Yes _____ No _____ If yes, explain _____

4. Do you have any medical conditions that may affect your ability to function as a TSA-IL Board Member, or do you require any special accommodations that we should be aware of?

_____ Yes _____ No If yes, please describe:

5. Are you licensed and able to drive an automobile? _____ Yes _____ No

If you will be driving to and from TSA-IL events you will need to provide a copy of your driver's license and proof of insurance. We will collect this information at a later point in the screening process.

Interest in the TSA-IL

1. How did you learn about the TSA-IL?

2. Please tell us why you would like to become a TSA-IL Board Member?

Authorization and Certification

I certify that all of the information provided by me in this Board Member Application (or any other accompanying documentation) is correct, accurate and complete to the best of my knowledge. I authorize TSA-IL to contact the references named below with regard to my application to become a TSA-IL volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it. I understand that submission of this application does not guarantee me acceptance onto the

Board of Directors of the Tourette Syndrome Association of Illinois, Inc. I have read, understand and intend to fulfill the Board Member Expectations and Code of Ethics and if elected to the Board, I authorize Tourette Syndrome Association of Illinois, Inc. to conduct a criminal background check prior to the start of my term.

Signature: _____ Date: _____

References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

A. Name (first, last): _____

Phone number: () _____ - _____ How long known? _____

Relationship: _____

B. Name (first, last): _____

Phone number: () _____ - _____ How long known? _____

Relationship: _____

FOR BOARD USE ONLY:

Date of Nomination:

Date of Election:

Date of Exit:

Reason for Exit:

Date _____ signed Application received

Date _____ signed Code of Ethics received

Date _____ signed Background Check Authorization received

Date _____ signed photo release received