



DISABILITY LAW COLORADO

Protecting the rights of Coloradans of all ages since 1976

BOARD APPLICATION

Date

Name

Preferred pronouns

Home address

Preferred phone number

Cell Home Work

Preferred email address

Current or previous employer (if any)

Current or previous job title (if any)

Please tell us why you are interested in serving on Disability Law Colorado's Board of Directors.

Please describe your personal and/or professional interest and experience in the field of disability rights.

What are the most important skills you will bring to the Board? (Please feel free to attach a resume or bio.)

If you have served on a board before, please tell us about the organization(s), your length of service, and any role(s) you had on the board(s).

DEMOGRAPHIC INFORMATION

Our funders require us to report aggregate demographic information about our Board, staff, and clients. Individual responses will remain private.

Ethnicity (select one)

- Hispanic /Latino
- Non-Hispanic/Non-Latino

Race (select all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Two or more races: _____
- Unknown or prefer not to say

Gender (select one)

- Male
- Female
- Non-binary
- Other: _____
- Prefer not to say

Age (select one)

- 21 or younger
- 22-39
- 40-59
- 60-79
- 80+
- Prefer not to say

Do you identify as a member of the LGBTQIA+ community? (Select one)

- Yes
- No
- Prefer not to say

PERSONAL CONNECTION TO DISABILITY RIGHTS

As a Protection & Advocacy agency (42 U.S.C. 15044), DLC must meet these requirements:

(B) a majority of the members of the board shall be—

- i. individuals with disabilities, including individuals with developmental disabilities, who are eligible for services, or have received or are receiving services through the system; or*
- ii. parents, family members, guardians, advocates, or authorized representatives of individuals referred to in clause (i).*

Please select all that apply:

- I have a developmental disability.
- I have a physical disability.
- I have a sensory disability.
- I have a traumatic brain injury.
- I have a mental health disability.
- I have a disability of another kind.
- I receive Social Security benefits and supports because of a disability.
- I use assistive technology (such as mobility devices or hearing aids).
- I receive or have received mental health services.
- I am broadly knowledgeable about disability issues in Colorado.
- I am a parent, family member, or guardian of an individual who has received mental health services.
- I am a parent or family member who is the primary caregiver of a minor (under 18) who receives or has received mental health services.

I am a parent, family member, or guardian of someone:

- with a developmental disability.
- with a physical disability.
- with a sensory disability.
- with a traumatic brain injury.
- with a mental health disability.
- with a disability of some other kind.
- who receives Social Security benefits and supports because of a disability.

FUNDRAISING

- I agree to support DLC with a personal financial contribution appropriate to my circumstances.

CONFLICTS OF INTEREST

Please affirm by selecting every box that applies.

- I do not have a relationship with an organization that has a contract with DLC.
- I do not hold significant decision-making authority in any organization, company, or governmental entity that serves people with disabilities.
- I am not a current state, county, or municipal official.
- I have not been a DLC employee within the last five years.

Do you affirm that you are free of these conflicts?

- I have no conflicts.
- I have potential conflicts that I would like to discuss with DLC. These are my conflicts:

Name (typed)

Signature (typed, signed, or inserted)