

# Family Matters PTIC Board of Directors Application

## Contact Information

Full Name:

Address:

Phone:

Email:

County:

## Please check all that apply:

☐ Parent of a child with a disability

☐ Individual with a disability (self-advocate)

☐ Sibling to an individual with a disability

☐ Disability professional

☐ Educator

☐ Grandparent to an individual with a disability

☐ School administrator

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Questions

Why are you interested in joining the FMPTIC Board of Directors?

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What are your experiences with FMPTIC or other Parent Training and Information Centers?

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What advocacy areas in disability-related topics are you most interested in?

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Are you active on any other boards? If yes, please list:

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Can you participate in quarterly evening meetings? (Yes/No)

Please provide two references with contact information:

1.

2.

## Please check all areas of experience that apply:

☐ Financial management

☐ Accounting

☐ Adult education

☐ Fundraising

☐ Board development