

Disability Rights Florida Application for Appointment to the Board of Directors

Thank you for your interest in serving on Disability Rights Florida's Board of Directors. Disability Rights Florida's formal Bylaws cover the make-up, duties, powers, terms of office and other details concerning our Board. The following is a less formal summary of some general information.

Frequently Asked Questions (FAQ's)

1. How many people serve on the Board of Directors?

A maximum of fifteen (15).

2. Who appoints members of the Board?

Fourteen are appointed by Disability Rights Florida's Board and one is the Chairperson of the Protection & Advocacy for Individuals with Mental Illness (PAIMI) Advisory Council (PAC).

3. How long are the terms of each appointment?

Each term is four years. Terms are staggered. The Chair of the PAIMI Advisory Council serves only during the time he or she serves as Chair of the PAC.

4. What are the requirements of the Board's composition?

In general, members of Disability Rights Florida's Board of Directors reflect the diverse constituency served by Disability Rights Florida. The Bylaws require that: "Each member of the Board of Directors shall have demonstrated a record of strong involvement in one or more of the following three (3) disciplines: developmental disabilities, psychiatric disabilities and vocational rehabilitation." (Bylaws Ch. 2.05). Persons with disabilities, family members, lawyers and other professionals are all represented on the Board. Disability Rights Florida is also committed to appointing members representative of Florida's diverse ethnic and cultural communities and to making efforts to insure the Board is representative of all areas of the state.

5. How many Board meetings are held each year, and where are they held?

There are four meetings held a year. Generally, one meeting is held in Tallahassee and three are held in different areas of the state. One may be by videoconference with members traveling to one of the three offices nearest their home.

6. How long are the meetings and what other time obligations are there?

Regular Board meetings usually begin at 9:00 a.m. and generally last less than 8 hours but may extend until 5:00 p.m. Committee meetings are held by teleconferencing usually once per quarter.

7. What about travel expenses for Board members?

All travel, room, and board expenses connected with Board meetings are paid by Disability Rights Florida. Members are not paid an honorarium for their services.

8. What about accommodations for Board members with disabilities?

Disability Rights Florida provides reasonable accommodations for Board members with disabilities. Disability Rights Florida's Bylaws state that "All meetings shall be held in accessible locations, and information shall be provided in accessible formats to the Directors, and to the public upon request." (Bylaws Ch. 2.09)

9. How do I apply for a position on the Board?

You may fill out this application and submit it at any time. In addition, the application may be obtained from our website:

www.disabilityrightsflorida.org. If you need assistance to complete this form please contact Disability Rights Florida at (850) 488-9071 ext. 9721.

Disability Rights Florida Application for Appointment to the Board of Directors

Mission:

To advance the quality of life, dignity, equality, self-determination, and freedom of choice of persons with disabilities through collaboration, education, advocacy, as well as legal and legislative strategies.

Disability Rights Florida is seeking interested persons to serve as members on the Board of Directors. Please complete this application form and provide a resume or c.v. with all of the following information and send to:

Executive Director
Disability Rights Florida
2473 Care Drive, Suite 200
Tallahassee, FL 32308
Phone: (850) 488-9071 or
Toll Free (800) 342-0823
Fax: (850) 488-8640
TDD: (800) 346-4127

(If you need an accommodation or assistance to complete this form please contact Disability Rights Florida at (850) 488-9071 ext. 9721)

1. Name:
2. Address:
3. Preferred ways to contact you (list all that apply):
 - Home Phone:
 - Work Phone:
 - Mobile Phone:
 - Email:
 - Text:

4. Disability Rights Florida's Board values diversity and its members reflect the demographics of the state of Florida as well as have knowledge and experience with disabilities. What qualities would you bring to maintain diversity on the Board: for example, race, ethnicity, disability experience, family member, languages.

5. Employer:

Type of Organization:

Your Title or Position:

Business Mailing Address:

Business Phone:

Email:

How long employed here?

(attach resume)

6. Business/Professional Affiliations:

Name of Group	Positions Held or Assignments	Dates
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7. Community Involvement:

List up to five community activities in which you have played an active role.

Organization:	Assignment/Position:	Responsibilities:	Dates
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8. What skills and experience would you bring to the Board's governance, fiduciary and legal oversight responsibilities?

9. Describe your volunteer experience in the last twelve months.

10. If you have not had the time or interest to become actively involved in community or volunteer work, what conditions have changed that now enable you to serve on this Board of Directors?

11. List three major challenges facing individuals with disabilities today:

12. Give your recommendations for addressing one of the above challenges:

13. After learning the mission statement of Disability Rights Florida, what do you hope to achieve from your participation in Disability Rights Florida?

References:

List two references who would support your application to serve on the Board of Directors.

Name	Email	Phone
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Name	Email	Phone
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Participant Commitment:

I understand the requirements as outlined in the Disability Rights Florida Bylaws and I agree to abide by them. If I am selected I will devote the time and resources necessary to complete orientation and become an active member of the Board of Directors. I understand the above commitments and agree to be bound by them in signing this application.

Applicant Signature	Date
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