DOWN SYNDROME GUILD
OF DALLAS

Board of Directors Application

Name:_____ Home Phone:_____

Email Address: _____ Cell Phone:_____

Address:_____ City/State/Zip:_____

Occupation:_____

Are you a self-advocate with Down syndrome? □ yes □ no

Do you have a family member with Down syndrome? □ yes □ no

Name:_____ Relationship: _____ Age:_____

Please describe the education, experience, and/or skills which will enable you to add value to the Board: _____

_____

_____

On what other Boards have you served? *(not required for selection)*_____

_____

What charitable or community activities have you been part of? *(not required for selection)*_____

_____

What, if any, conflicts could prevent you from regularly attending Board meetings? _____

_____

Please describe your interest in serving on the DSG Board? _____

_____

_____

Please write a brief statement on what the Down Syndrome Guild's mission and vision mean to you._____

_____

_____

Please provide two references:

Name:_____ Relationship: _____ Phone:_____

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The mission of the Down Syndrome Guild of Dallas is to provide accurate and current information, resources, and support for people with Down syndrome, their families and the community. Our vision is people with Down syndrome – valued and included.

Updated 3.2022