



## **Board of Directors Application Form**

Thank you for your interest in serving as a member of the Board of Directors of the Lewis County Autism Coalition. Serving on the board is a rewarding experience and opportunity for personal and professional growth. Completing this form will give you an understanding of this leadership position's necessary skills, time, and resource commitments. We recommend reading through the entire application before you begin filling it out.

Please return completed applications by email to [info@lcautism.org](mailto:info@lcautism.org) or by mailing the application to the Lewis County Autism Coalition, Attn: Nicole Miller, 1673 S Market Blvd, PMB #240, Chehalis, WA 98532.

This application will be kept confidential and on file with the Lewis County Autism Coalition. Applications are used by the Board to identify and evaluate potential board candidates. All new directors are elected by a majority vote of the existing board members.

## **Board Member Responsibilities**

1. Serves a minimum of one (1) three-year term
2. Attend a minimum of 75% of Board meetings (once a month)
3. Makes a serious commitment to participate actively in LCAC work. The LCAC is a working board, and directors are expected to participate in committees and activities
4. Stays informed about committee matters, is prepared for meetings, and reviews and comments on minutes and reports, including financials
5. Builds a respectful and congenial relationship with other directors, committee members, contractors, and volunteers
6. Participates in Board retreats, strategic planning, and development efforts
7. Participates in the advancement of the organization's missions and goals.  
Supports the vision of the organization

**Candidate Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Company: \_\_\_\_\_

Number of years with present company: \_\_\_\_\_

Number of years lived or worked in Lewis County: \_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Work Background: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Volunteer/Community Activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Anything you would like us to know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Board Candidate Questionnaire**

1. What makes our mission meaningful to you?
2. What are some of your prior board leadership experiences?
3. What skills, connections, resources, and expertise do you have to offer, and are you willing to use on behalf of the organization?
4. Do you have any worries or concerns about joining the board?
5. Do you have personal aspirations that could be enhanced by board service?
6. How much time a month can you commit to meetings and serving the mission?

7. What motivates you?

8. What does leadership mean to you? How will you model leadership?

9. If selected, how do you feel you could contribute to the success of the Lewis  
County Autism Coalition?

10. What do you believe are the most significant issues or problems facing the Lewis  
County Autism Coalition?