



GATEWAY TO INDEPENDENCE

Application/Information for Involvement

General Information

Name	
Street Address	
City, ST, ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address	
Present Employer	
Occupation	
Work Phone	
Work E-Mail Address	

Availability

For Potential Volunteers:

The Gate meets from August to early June on Tuesdays, Wednesdays and Thursdays from 9 am -2pm but volunteers are needed at other times to complete a range of tasks. When are you available?

Weekday mornings

Weekday afternoons

Both

Other (If known, state time _____)

For Potential Board Members:

Board meetings are usually held at 6m on the second Tuesday of our scheduled months at Sycamore Tree United Methodist Church. Annually, we expect to have a minimum of 9 scheduled meetings- January, February, April, May, August, September, October, November, December).

Is the second Tuesday meeting date compatible with your current calendar?	Yes	or	No
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Interests

<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Program Activities Volunteer
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In which areas do you have expertise or interest? (circle all that apply)

- | | |
|----------------------------------|---------------------------------------------------|
| Board Development | IT (computer expertise, website development, etc) |
| Direct Service with Participants | Legal |
| Facilities | Personnel |
| Finance/Development | Public Relations |
| Fundraising | Special Events (Parties, Special Olympics, etc) |
| Other (Please List) _____ | |
| _____ | |
| _____ | |

Community & Civic Involvement

Please provide us with information on your involvement in the community (Civic Organizations, Nonprofits, Churches... etc.)

Organization	Dates involved	Type of involvement (volunteer, committees, Board member... etc.)



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What makes the Gate a passion for you?

At the Gate we offer a day program for adults with intellectual and developmental disabilities. We strive to provide positive social interactions and prevocational opportunities in a safe environment without bias. What experiences have made this an organization that you would like to be a part of? How have you been involved with the intellectually and developmentally disabled?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Board Member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.