



# CENTER FOR INDEPENDENT LIVING SOUTHWEST KANSAS

1802 E. Spruce St.  
P.O. Box 2090  
Garden City, KS 67846

Toll Free: (800) 736-9443  
Local: (620) 276-1900  
Fax: (620) 271-0200  
Payroll Dept. Fax: (620) 276-3537

**DODGE CITY OFFICE**  
2601 Central Ave.  
Dodge City, KS 67801

**(800) 326-1366**  
p: (620) 227-6660  
f: (620) 227-8185

**LIBERAL OFFICE**  
1023 N. Kansas Ave. Suite 2  
Liberal, KS 67901

**(800) 327-4048**  
p: (620) 624-5500  
f: (620) 624-6576

## BOARD OF DIRECTORS APPLICATION

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number Street / PO Box Apt #

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

\_\_\_\_\_ Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_  
(Please check the phone number at which you prefer to be contacted)

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

Occupation: \_\_\_\_\_

1. Indicate your skill level in each of the following categories related to the Board.

- |                        |   |
|------------------------|---|
| 4 – no experience      | 2 – moderate to frequent experience     |
| 3 – limited experience | 1 – frequent and substantive experience |

- |  |                                       |
|--|---------------------------------------|
| _____ Administration                     | _____ Leadership                      |
| _____ Advocacy Skills                    | _____ Marketing / Public Relations    |
| _____ Business / Corporate Management    | _____ Organizational Management       |
| _____ Finance / Accounting / Investments | _____ Strategic Planning              |
| _____ Banking & Trust                    | _____ Program Development             |
| _____ Investments                        | _____ Networking Skills               |
| _____ Fund Raising                       | _____ Other Board / Civic Involvement |
| _____ Government Regulations             | _____ Time and Energy                 |
| _____ Law / Legal                        |                                       |

2. From your own perspective, what issues are most important for persons with disabilities?

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Last First M.I.

3. Do you have any ideas or projects that you would like the Board to accomplish?

4. What does having a “disability” mean to you?

5. What does “Independent Living” mean to you?

6. How much time can you realistically devote to Board activities?

7. What other Boards or Committees are you involved with and what time commitment do they involve?

8. What are you interested in being on the Board of Directors for CILSWKS?

**References**

Name and Address	Title	Daytime Phone	Evening Phone

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your application to:  
Center for Independent Living Southwest Kansas  
Attention: Chief Executive Officer  
P.O. Box 2090  
Garden City, KS 67846