**APPLICATION FOR MEMBERSHIP**

**Protection & Advocacy System, Inc. (P&A)**

**Board of Trustees**

**Return to:**

**7344 Stockman Street**

**Cheyenne, WY 82009**

**1-307-635-7817 wypanda@wypanda.com**

**1-800-654-7972 www.wypanda.com**

**PERSONAL DATA:**

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

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

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 City/Town State Zip

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check box(es) that apply:

\_\_\_ Presently Employed \_\_\_ Full-Time \_\_\_\_ Part-Time

\_\_\_ Presently Unemployed \_\_\_ Retired \_\_\_\_ Volunteer

Present or Past Occupation, Profession, or Job Title, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe any paid or volunteer work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are presently employed, will you be able to take time off from work to attend Board of Trustees meetings?

 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ SOMETIMES

Are you willing to travel to various Wyoming locations, with P&A reimbursement, to attend meetings?

 \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ SOMETIMES

**EDUCATIONAL BACKGROUND: \_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OTHER:**

List organizations, boards, commissions, and councils on which you are presently serving or have served in the past and describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Offices held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe why you would like to serve on the Board of Trustees and what you would hope to achieve as a Board of Trustees member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Briefly describe any assistance you may need in order to attend Board of Trustees meetings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check if either applies to you:

\_\_\_\_\_ Individual with disability \_\_\_\_\_ Individual with a family member with a disability

Other Interest Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Print Name

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Signature Date

 Applications kept on file for one year.

Federal funding sources require the collection of the following information. Your response is

**STRICTLY VOLUNTARY.**

**ETHNICITY**

Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

**RACE**

American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_

Native Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Two or more races \_\_\_\_\_

Some other race \_\_\_\_\_ Prefer not to answer \_\_\_\_\_

**GENDER IDENTITY AND SEXUAL ORIENTATION**

Female/Woman \_\_\_\_\_ Male/Man \_\_\_\_\_ Prefer not to answer \_\_\_\_\_