



*People First of Louisiana
Board of Directors
Application Packet*

*Includes:
Position and Responsibilities
Application*

Mail applications to:

People First of Louisiana
606 Colonial Drive, Suite I
Baton Rouge, Louisiana 70806

If you have questions or need assistance:

Phone: (225) 383-1033 Fax: (225) 383-8233

Applications MUST be signed on last page!

Applications will not be accepted if not signed!

Due November 15, 2010

*People First of Louisiana
Board of Directors
Position and Responsibilities*

Position:

- People First of Louisiana should be seen as the leaders of self-advocacy activities and the disability movement in the state.
- The activities of People First of Louisiana are guided by the board of directors.
- The ultimate goal of the board of directors is to build self-advocacy across the state.

Responsibilities:

- Provide leadership for other People First of Louisiana members and other people with disabilities in Louisiana
- Determine what issues are important for people with disabilities in Louisiana and how to advocate for/against those issues. This requires obtaining input from people with disabilities and supporters in your region.
- Lead advocacy activities
- Assist others in your region to become more effective self-advocates
- Attend 4 meetings/trainings per year. You will receive travel reimbursement.
- Participate in monthly conference calls
- Conduct 3 trainings for local chapters in your region. You will receive travel reimbursement.

People First of Louisiana
Board of Directors
Application

Applicant Information				
Full Name:	Last:	First:	M.I.:	
Address:	Street:			Apt. No.:
	City:	State:	Zip:	
Phone:	(C):	Email:		
Applying for Region: I II III IV V VI VII VIII IX X (CIRCLE ONE)				
Have you ever been a Representative/Alternate on the Board of Directors for People First of Louisiana?	Yes No	Are you a graduate of Partners In Policy Making?	Yes No	Month/Day/Year ____/____/____
Will you have support to travel to People First of LA meetings/trainings?	Yes No	If no, explain what assistance you will need:		
Have you read the People First of Louisiana Mission Statement?	Yes No	Do you agree with the People First of Louisiana Mission Statement?	Yes No	Explain:
Have you read the People First of Louisiana Vision Statement?	Yes No	Do you agree with the People First of Louisiana Vision Statement?	Yes No	Explain:

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Questions??? *Contact: PF Info at (225) 383-1033 or peoplefirstla@peoplefirstla.org*

References

Please list name and contact information of 2 people that know about your advocacy activities. Also, list the name and contact information of a friend or family member.

People that know about your advocacy activities:

Name: _____

Phone: _____

Home: _____

Cell: _____

E-mail address: _____

Would this person prefer us to call or send an e-mail? _____

If a phone call is preferred, when is the best time to call? _____

Name: _____

Phone: _____

Home: _____

Cell: _____

E-mail address: _____

Would this person prefer us to call or send an e-mail? _____

If a phone call is preferred, when is the best time to call? _____

Friend or Family member

Name: _____

Phone: _____

Home: _____

Cell: _____

E-mail address: _____

Would this person prefer us to call or send an e-mail? _____

If a phone call is preferred, when is the best time to call? _____

Acknowledgment and Signature

I have read People First of Louisiana Board of Directors "***Position and Responsibilities***". I agree to fulfill the responsibilities to the best of my ability and represent People First of Louisiana as a leader in building self-advocacy in Louisiana.

Applicant

Date