

Matrix Parent Network & Resource Center



Board Member Application

Please complete this form and return via email to dmlabuda@gmail.com or mail to 94 Galli Drive, Suite C., Novato, CA 94949 Attn: Board Member Application

Name _____

Phone () _____ Cell _____ Home _____ Work _____

Email _____

Mailing Address _____

County of Residence and/or Work _____ Marin _____ Sonoma _____ Solano _____ Napa _____

Are you a parent of a child with special needs? Yes ___ Child's Age _____ No _____

Are you a relative (not a parent) of a child with special needs? Yes _____ Child's Age _____

Relationship _____ No _____

Do you have other personal experience with a child with special needs?

_____ Yes Please describe

_____ No

What community or professional experience relevant to families and children with special needs do you have? (Attach resume if preferred)

Why are you interested in serving on the Matrix Board of Directors?

Please check below and/or attach resume:

Areas of Expertise/Skills	
Administration/Management	
Advocacy	
Business Analysis	
Facilities Management	
Financial Mgmt./Banking	
Fundraising	
Government/Public Policy	
Human Resources	
Investment Management	
Legal	
Nonprofit Management	
Parent/Relative of Child w/ Special Needs	
PR/Marketing	
Real Estate	
Social Media	
Strategic Planning	
Technology/IT	
Other	
Affiliation with Matrix	
Client/Client-related	
Community Leader/Member	
Individual Donor	
Corp/Business Donor	
Former Employee	
Volunteer	
Other	