

**Matrix Parent Network & Resource Center**



**Board Member Application**

Please complete this form and return via email to [alexis@alexislynchlaw.com](mailto:alexis@alexislynchlaw.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:

<b>Areas of Expertise/Skills</b>	
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	
<b>Affiliation with Matrix</b>	
Client/Client-related	
Community Leader/Member	
Individual Donor	
Corp/Business Donor	
Former Employee	
Volunteer	
Other	