



## THE ARC OF BISMARCK Board of Directors Application

Thank you for your interest in serving on the Board of Directors for The Arc of Bismarck.

The Board of Directors serves as the governing body of the organization, providing strategic leadership, fiduciary oversight, and policy direction in support of our mission to promote and protect the human rights of people with intellectual and developmental disabilities.

Board members serve three-year terms and are expected to attend regular board meetings, held at least every other month, actively participate in governance discussions, and support the mission and core values of The Arc of Bismarck.

The Board of Directors determines all board appointments. Applications are thoughtfully reviewed based on current board needs, open positions, and areas of expertise. The selection process may take approximately 4–6 months. Applicants will be contacted regarding next steps in the review process.

Completed applications may be submitted by mail or email to:

The Arc of Bismarck  
1500 E Capitol Avenue, Suite 203  
Bismarck, ND 58501  
[Executive\\_Director@thearcofbismarck.org](mailto:Executive_Director@thearcofbismarck.org)

We appreciate your willingness to contribute your time, experience, and leadership to strengthen our organization and community.



To provide education, advocacy and supports to children and adults with disabilities to foster empowerment and full inclusion in the community.

## **The Arc of Bismarck Application for Board Members**

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

### **PERSONAL INFORMATION**

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

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

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **WORK INFORMATION**

Employer: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### **QUESTIONS**

1. Are you a resident of Bismarck/Mandan? \_\_\_\_\_

2. Are you willing to serve on The Arc of Bismarck Board without monetary compensation? \_\_\_\_\_

3. Are you available to attend board meetings regularly \_\_\_\_\_

4. Have you ever volunteered at The Arc? \_\_\_\_\_  
\_\_\_\_\_

5. Why are you interested in serving on the Board of The Arc of Bismarck?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How did you hear about this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list any other boards you serve on. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Return to: The Arc of Bismarck*  
*1500 E Capitol Ave, Bismarck, ND 58501*  
*Executive Director@thearcofbismarck.org*

## Optional Information

The Arc of Bismarck accepts applications for Board Members throughout the year. Most terms begin in January, but new board members are needed during the year to finish an open term.

Applications are processed according to open positions and areas of expertise needed at the time. The following optional information would assist The Arc of Bismarck maintain a diversified Board of Directors.

### *Do any of the following apply to you? (optional)*

- \_\_\_\_\_ Self-advocate (Person with a Disability)
  
- \_\_\_\_\_ Parent or Family Member of a School-age Child with a Disability (Infant to 21 years old)
  - Type of disability \_\_\_\_\_
  
- \_\_\_\_\_ Parent or Family Member of an Adult with a Disability (22 years old and older)
  - Type of disability \_\_\_\_\_
  
- \_\_\_\_\_ Accountant/Financial Expertise
  
- \_\_\_\_\_ Attorney/Legal Expertise
  
- \_\_\_\_\_ Retail/Thrift Store Expertise
  
- \_\_\_\_\_ Media/Public Relations Expertise
  
- \_\_\_\_\_ Other, please specify \_\_\_\_\_