



Louisiana Assistive Technology Access Network Board Member Prospect Form

Board Member Prospect _____

Home Address/City/Zip _____

Employer _____ Title _____

Work Address/City/Zip _____

Email Address _____ fax _____

Phone: home _____ work _____ cell _____

Parish _____ Rural/Urban/Suburban (circle one)

Special Skills:

- | | | |
|---|---|---|
| <input type="checkbox"/> Fund Raising/Development | <input type="checkbox"/> Personnel/Human Resources | <input type="checkbox"/> Finances/Accounting |
| <input type="checkbox"/> Business/Management | <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Governance | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Program Support/Evaluation | <input type="checkbox"/> Nonprofit Board Experience | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Other (specify) _____ | | |

Professional Position:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Legislator | <input type="checkbox"/> Leader of high profile company | <input type="checkbox"/> Nonprofit leader |
| <input type="checkbox"/> Media leader | <input type="checkbox"/> Minister of high profile church | <input type="checkbox"/> Other _____ |

In order to help us assure a diversity of individuals on the LATAN Board of Directors, we would appreciate your giving us this optional information.

Gender _____ Age _____ Ethnicity _____

- AT User Individual with disability Individual with functional limitation Parent/family member

Please list your community efforts, volunteer leadership positions, current commitments, other characteristics and qualities you will bring to the board if elected, and/or other information that you believe would be helpful to our nominating committee.

Please contact Julie Nesbit at 225.925.9500 or 800.270.6185 or jnesbit@latan.org if you have questions or need additional information.