

Deaf Community Services of San Diego, Inc.
DCS BOARD APPLICATION FORM



Please fill in each item completely and return this form to DCS, Attn: Chairperson or email as an attachment to dsampson@dcsofsd.org You may print the form and fill it out or type in the fillable fields below. Thank you for applying!

NAME

OCCUPATION

PHONE/VP

ADDRESS

CITY

STATE

ZIPCODE

EMAIL ADDRESS

CHECK ONE: DEAF HARD-OF-HEARING LATE-DEAFENED HEARING

Relevant community experience and/or employment (attach a resume if relevant):

Why are you interested in serving as a Board member of DCS?

Have you attended at least two of the past DCS Board and/or DAC Board meeting?

Are you committed to serving a full term (3 years)?

Do you foresee any potential conflicts with attending a two-hour DCS Board meeting on the last Monday of each month?



Are you willing to actively fundraise for DCS if training is provided?

Area(s) of expertise/contribution you feel you can make to DCS as a Board member.

Are you willing to donate \$10 per meeting to financially support DCS?

What is one thing that you would like to see happen at DCS during your term if you are invited to become a DCS board?

We will contact you as soon as possible. The interviews will be conducted in American Sign Language (ASL) with an interpreter. If you are contacted for an interview, please indicate at that time if you will require special accommodations and which accommodations best meet your needs.

Submit to dsampson@dcsofsd.org

OR

Mail to:

Deaf Community Services of San Diego, Inc.
1545 Hotel Circle South, Suite 300
San Diego, CA 92108
Attention: Board Chair

OR

Return this form to DCS Chair: Doug Sampson