



Board of Directors Application

Please attach your resume and any other relevant documentation.

Part 1: Personal Information			
Name:			
Street Address:			
City:		State:	Zip code:
Home Phone:		Work Phone:	
Cell Phone:		Fax:	
Email:			
Employer:			
Position:			

Part 2: Short Answer
1. Why are you interested in helping the Rhode Island Parent Information Network?
2. Describe any volunteer or professional work that you have done that you feel would be relevant to this position.

3. Describe special interests and skills you will bring to RIPIN.

4. Are you a parent or guardian of a child with special needs? If so, please tell us their age(s) and describe their needs.

Additional Comments

Your Signature:

Date:

Thank you for your consideration.

Please return to:

Samuel Salganik, Executive Director

300 Jefferson Boulevard, Suite 300

Warwick, RI 02888

ssalqanik@ripin.org