



# PATHFINDER SERVICES OF ND

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## Board Application

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_ Parent of child with a disability/child's age: \_\_\_ \_\_\_ Family member of a child with a disability  
\_\_\_ Individual with a disability \_\_\_ Professional \_\_\_\_\_

Relevant experience and/or employment:

Why are you interested in our organization?

Area(s) of expertise/contribution you feel you can make:

Other volunteer commitments:

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**For Board Use**

\_\_\_ Nominee has had a personal meeting with either chief executive, board chair, or other board member. .... Date: \_\_\_\_\_  
\_\_\_ Nominee reviewed by the committee. .... Date: \_\_\_\_\_  
\_\_\_ Nominee attended a board meeting. .... Date: \_\_\_\_\_  
\_\_\_ Nominee interviewed by the board. .... Date: \_\_\_\_\_

Action taken by the board \_\_\_\_\_