



61 Staples Street  
Radford, VA  
24141

# BOARD MEMBER APPLICATION

New River Valley Disability Resource Center

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred method of communication  Email  Mail  Telephone

Is an alternate format needed? If yes please specify; example Braille, Large Print, Electronic, etc. \_\_\_\_\_

Individual with a disability? Yes  No

If yes, please check all that applies  Physical  Visual  Hearing  Cognitive  Mental

Do you need assistance to attend meeting? If yes, please specify.

\_\_\_\_\_  
\_\_\_\_\_

Relevant experience or expertise? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_