



The Arc Maryland  
130 Lubrano Drive, Suite 212  
Annapolis, MD 21404-1747  
T 410.571.9320  
F 410.974.6021  
www.thearcmd.org

**The Arc of Maryland**  
**Changing Lives, Changing Minds for More Than 50 Years**  
**Nomination for Board of Directors**

Please forward this application to:  
The Arc of Maryland  
C/o Nominating Committee  
130 Lubrano Drive, Annapolis, Maryland 21401  
Or fax to 410-974-6021/email to [info@thearcmd.org](mailto:info@thearcmd.org)

1. Your Contact Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Are you a member of a local chapter of The Arc?  Yes  No

If "Yes," what is the name of the local chapter? \_\_\_\_\_

2. How would you describe yourself – please check **all** that apply:

- I am a person with intellectual/developmental disabilities (IDD).
- I am a family member of a person with intellectual/ developmental disabilities. Please state your relationship – mother, brother, etc. and the age of your family member with disabilities.
- I am a professional in the field of I/DD. Please state your discipline, position, or other descriptive information.
- I am a concerned citizen and wish to contribute my time and talents.

3. Please indicate your professional background and expertise, such as Accounting, Attorney, Fundraising, Marketing, Medical, Financial, Self-Advocacy, etc.:

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4. Please indicate your top 5 priorities in the following list: (Rate from 1-5 with 1 being the most interested.)

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|--|--|
| <input type="checkbox"/> Education/Special Education               | <input type="checkbox"/> Housing                         |
| <input type="checkbox"/> Early Intervention                        | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Children's Issues                         | <input type="checkbox"/> Employment                      |
| <input type="checkbox"/> Legal Advocacy                            | <input type="checkbox"/> Health and Medical Care         |
| <input type="checkbox"/> Aging Issues                              | <input type="checkbox"/> Community Services/Waiting List |
| <input type="checkbox"/> Self- Advocacy                            | <input type="checkbox"/> Prevention                      |
| <input type="checkbox"/> Governmental Affairs/Legislative Advocacy | <input type="checkbox"/> Other: _____                    |

Comments:

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5. Our Mission: The Arc of Maryland works to create a world where children and adults with intellectual and developmental disabilities have and enjoy equal rights and opportunities.

Briefly, describe what this mission means to you and how you would contribute to the organization's mission as a member of the Board of Directors.

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6. Please provide any other information you would like to share about your experience and background for the Nominating Committee or attach a resume.

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I have reviewed the Core Values of The Arc and will support these values.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you very much for your interest in The Arc of Maryland! Questions? Call 410-571-9320.

**\*\*\*Attach a short Bio that may be provided to members for voting purposes. \*\*\***