



TRUSTEE APPLICATION

Thank you for your interest in the Board of Trustees of the United States Brain Injury Alliance. Please complete the following questionnaire so that we can make the best use of your talents and expertise in offering you the most rewarding experience as a member of the board.

Name: _____ Credentials: _____

Home Address: _____

Employer: _____ Position _____

Work Address _____

Home phone: _____ Work: _____ Cell: _____

Email address: _____ Preferred mailing address: ___ Home ___ Work

Occupation/Business/Job Title: _____

Please check the education or skills you will contribute to the board:

- | | | |
|---|---|---|
| <input type="checkbox"/> accounting/financial | <input type="checkbox"/> legislative advocacy | <input type="checkbox"/> strategic planning |
| <input type="checkbox"/> board governance | <input type="checkbox"/> media access | <input type="checkbox"/> training/educating |
| <input type="checkbox"/> communications/marketing | <input type="checkbox"/> medical professional | <input type="checkbox"/> writing/editing |
| <input type="checkbox"/> community organizing | <input type="checkbox"/> program development | <input type="checkbox"/> volunteer management/recruitment |
| <input type="checkbox"/> investment | <input type="checkbox"/> program evaluation | <input type="checkbox"/> human resources |
| <input type="checkbox"/> Other _____ | | |

Special Interests: _____

Relationship to brain injury:

- | | | |
|---|---|--|
| <input type="checkbox"/> Person with a brain injury | <input type="checkbox"/> Family | <input type="checkbox"/> Long-term Care Provider |
| <input type="checkbox"/> Professional/Medical | <input type="checkbox"/> Friend or Support Person | <input type="checkbox"/> Business |

Other (please specify) _____

