

Thank you for your interest in serving on the DSAB Board of Directors for a term beginning in January 2024.

Most board terms are for three (3) years but 1- and 2-year terms are also available.

Annual elections are usually held by the current board of directors each November.

Monthly time commitment is about 4-6 hours and all board members are expected to serve as community ambassadors as well as to make an annual donation to the organization to the best of their ability.

Please send any questions or email your application to president@dsabrevard.org
before September 30th, and thank you for your interest!



Board of Directors Candidate Application

Please return this application to the above by September 30th via email to president@dsabrevard.org

Date				
Name				
First	MI	Last	Familiar name	
Residence				
Address				
Cell Phone	E-mail			
Employer				
Name				
Type of business or o	organization			
Preferred method of	contact () Wo	ork () Resider	nce	
Please list boards and	d committees th	at you serve on, o	have served on (business,civic,	
community, fraternal	, political, profes	sional, recreationa	al, religious, social).	
Organization	Ro	ole/Title	Dates of Service	
			_	

Optional – Have you received any awa	ards or honors that you'd like to mention?	
How do you feel DSAB would benefit	from your involvement on the Board?	
Skills, experience and interests (Please nce, Accounting	circle all that apply) Education, instruction	
onnel, Human Resources	Special events	
inistration, Management	Grant writing	
profit experience	Fundraising	
munity service	Outreach, Advocacy	
y development	Other	
ram evaluation	Other	
ic Relations, Communications	Other	
References – List Name, contact number	er, relationship (maximum of 3)	

Thank you for applying!