

Brain Injury Resource Center of Wisconsin-Board of Directors Application Form

Full Name: _____ Phone: _____

Address: _____

City/State/Zip /County in Wisconsin: _____ / _____ / _____ / _____

Email: _____

- Part 1: Attach your resume (include employment for the last 5 years)
- Part 2: Attach references or endorsements that support your candidacy
- Part 3: Complete the Question and Answer Section
- Part 4: Return the form and the Parts 1-3 attachments

PART 3: Please answer the following questions

Why do you want to serve on the Board of Directors?

What are your qualifications for the position?

How extensive is your knowledge about the brain injury community and the issues that affect them?

What experience have you had in community organizations, program services, board and/or advisory committees?

What experience have you had in community organizations and/or program services that included health care issues for people with brain injury?

What experience have you had in leadership and/or policy development?

PART 4: How to submit your application:

US Mail

**Brain Injury Resource Center of Wisconsin
Attention: Executive Director
511 North Grand Ave
Waukesha, WI 53186-4916**

Email

admin@bircofwi.org

Fax

262-436-1747

Note: Completed application packet is due within 30 days of the issue date/time