



Thank you for your interest in serving on the board of directors for Stone Soup Group. Please complete our application form and submit it with a current copy of your resume.

Applicant Information		
First Name:	Last Name	:
Street Address:		
City:	State:	Zip:
Cell Phone:	Email:	
Occupation:		
Background Questions		
Are you a parent or caregiver of an indiv	idual with developmental o	disabilities? Please select a response
If yes, is the individual age 26 or younge	r? Please select a response	
Why are you interested in Stone Soup G	roup (SSG)?	
Please enter response here		
What other volunteer or community act	ivities are you involved in?	
Please enter response here		
On what other boards have you served?		
Please enter response here		
·		
Please tell us about relevant personal ar	nd nrofessional evneriences	that you feel will be of value to SSG
Please enter response here	ia professional experiences	that you reel will be of value to 330.

Ability to Serve			
Stone Soup Group Board meetings are held via Zoom. M typically on Thursdays, 1:30 – 2:30. All members also see	, ,		
Would you be able to attend board and committee mee	tings regularly? Please select a response		
Potential Conflicts: Please enter response here			
Acknowledgment			
I have read the SSG Board Member Roles and Responsibilities document and understand the commitment required.			
Applicant Signature	Date		
X	00/00/0000		

Office: 907-561-3701 Fax: 907-561-3702