



## Board of Directors Application

Thank you for your interest in joining the Indiana Assisted Living Association (INALA) Board! The following information will be shared with those considering your application. *Please attach your resume or CV to the application.*

Your Name: \_\_\_\_\_

Name of Provider or Industry Member \*: \_\_\_\_\_

Years affiliated with Provider or Industry Member listed above: \_\_\_\_\_

Years in the assisted living industry: \_\_\_\_\_

Your Work Phone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Your work address: \_\_\_\_\_  
\_\_\_\_\_

Your work email address (please write it carefully):  
\_\_\_\_\_

Briefly describe why you would like to join the INALA Board of Directors:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other than the employer listed above, current organizational affiliations (names of the organization and your role(s)):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_

Which of your skills would you like to utilize on the Board? Check those that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Board development             | <input type="checkbox"/> Relationship Building             |
| <input type="checkbox"/> Strategic planning            | <input type="checkbox"/> Financial management              |
| <input type="checkbox"/> Education program development | <input type="checkbox"/> Fundraising (PAC)                 |
| <input type="checkbox"/> Training                      | <input type="checkbox"/> Advocacy (Legislative/Regulatory) |
| <input type="checkbox"/> Marketing                     |  |

Other skill(s) of yours that you would like to utilize? \_\_\_\_\_

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What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

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If you join the Board, you agree that you can provide at least 4 hours every other a month to attend Board meetings, that you are willing to commit time as needed between Board meetings, typically no more than one hour per month, and that you do not have any conflict-of-interest in participating on the Board. (See attached conflict of interest policy).

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*INALA has two membership classifications, Provider Members and Industry Members. Provider Members are owners, operators, or management companies of assisted living communities in the State of Indiana. Industry Members are individuals or corporations that develop assisted living communities or provide goods or services to the assisted living industry in the State of Indiana or have an interest or are involved in the assisted living industry in the State of Indiana.