Thank you for your interest in joining the NFB of Ohio’s Board of Directors! Use this form to provide us with useful information about yourself, to ensure the best match between you and our affiliate’s Board of Directors. The following information will be shared.

Name: Sharon Dodds\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: 9378772340\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number:9378772340\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: 861 Tomahawk Trail, Xenia, GH 45385

Email Address (please write it carefully):

jshed@aol.com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your interest in serving on the Board of Directors of the National Federation of the Blind of Ohio:

I am interested in serving on the Board of Directors of the NFB because I think I could be useful. AS a hearing impaired and vision impaired person I understand some of the issues faced by our members. I desire to become more involved in NFB and be more active within the NFB. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your current organizational affiliations (names of the organization and your role):

1. NFB-member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Which of your skills would you most like to use while serving on the Board? Put an X next to those that apply:

Board development \_\_\_\_\_\_\_\_\_\_\_

Strategic planning \_\_\_\_\_\_\_\_\_\_\_

Staffing / HR \_\_\_\_\_\_\_\_\_\_\_

Program development \_\_\_\_\_\_\_\_\_\_\_

Financial management \_\_\_\_\_\_\_\_\_\_\_

Fundraising \_\_\_\_\_\_\_\_\_\_\_

Evaluation \_\_\_\_\_\_\_\_\_\_\_

Community networking \_x\_\_\_\_\_\_\_\_\_\_

Training \_x\_\_\_\_\_\_\_\_\_\_

Marketing \_x\_\_\_\_\_\_\_\_\_\_

Volunteer management \_\_x\_\_\_\_\_\_\_\_\_

Facilities management \_\_\_\_\_\_\_\_\_\_\_

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

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

I would like more opportunities for networking and development of computer skills.

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If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest that would prevent you from serving on the Board.

Your signature: \_Sharon Dodds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_3/23/2021\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not selected as a member of the Board, or if you decide not to serve, would you like to volunteer to assist our organization in ways that match your skills and interests?

Yes \_\_\_\_\_x\_\_\_ No \_\_\_\_\_\_\_\_ Maybe \_\_\_\_\_\_\_\_