



OKLAHOMA PARENTS CENTER

Statewide Parent Training and Information

Visit our Website @ www.OklahomaParentsCenter.org

Board of Directors Application

Name: _____

Address: _____

City: _____

State/Zip: _____

Home: _____ Work: _____

Cell: _____ Fax: _____

Email Address: _____

Employer: _____

Address: _____

City: _____

State/Zip: _____

Telephone: _____ Fax: _____

Are you the parent of a child with disabilities? Yes No

If so, please list their age and disability: _____

Do you have a disability? Yes No

If so, please list your disability: _____



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Do you have a family member with a disability? Yes No

If so, please list their disability: _____

Have you served on other Advisory Panels or Boards? Yes No

If so, please list:

Do you belong to any organizations? Yes No

If so, please list:

What special interests/skills do you bring to the Board?

Other information you would like to share with us (please add additional pages if needed): _____



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Signature: _____

Date: _____

Please attach a current copy of Resume'

Return To:

Oklahoma Parents Center, Inc.

P.O. Box 512

Holdenville, Oklahoma 74848

Toll Free: 877-553-4332 * Fax: 405-379-2106 * Phone: 405-379-6015

Email: info@oklahomaparentscenter.org