

**Saskatchewan Voice of People with Disabilities Inc.  
Board of Directors Application Form**

First Name:	Last Name:
Phone:	Work Phone:
E-mail:	Fax Number:

**1. What is your understanding of the philosophy of the Voice?**

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**2. Briefly, tell us why you want to be a member of the Voice Board?**

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**3. What does a cross disability perspective mean to you?**

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**4. The voice has restructured and is refocusing its activities. There is a lot of work to do. Please give us an indication of the amount of time you are prepared to devote to the work of the organization?**

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**5. Please give us an overview of the strengths and/or experiences you can bring to the Voice that will help the organization to grow stronger, financially independent and more visible?**

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**6. Additional comments:**

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Please print and return to Saskatchewan Voice of People with Disabilities 984 Albert St Regina, SK S4R 2P7  
or fax to 306-569-1889 or e-mail to [voice@saskvoice.com](mailto:voice@saskvoice.com)