

114 South Union Street  
Rochester, NY 14607  
(585) 271-8640  
Fax (585) 271-8688

[www.hickokcenter.org](http://www.hickokcenter.org)



To provide a safe, supportive environment that encourages  
brain injury survivors to design and direct their own life's journey.

165 East Union Street, Ste 206  
Newark, NY 14513  
(315) 331-6150  
Fax (315) 331-6151

[hickokcenter@hickokcenter.org](mailto:hickokcenter@hickokcenter.org)

## BOARD OF DIRECTORS APPLICATION

*Thank you for your interest in volunteering for the Hickok Center for Brain Injury, Inc. Our Board of Directors accepts applications and selects new members on an ongoing basis, depending on vacancies. To be considered for a position on our Board of Directors, please complete and submit the information requested below to Elaine Comarella, CEO. You can learn more about the Hickok Center by visiting our website at [www.hickokcenter.org](http://www.hickokcenter.org) or by calling Elaine at (585) 271-8640.*

Name:

Date:

### CONTACT INFORMATION

#### Residence

*Street:*

*City, State, Zip Code:*

*Phone number:*

*E-mail:*

#### Employer

*Company Name:*

*Title:*

*Street:*

*City, State, Zip Code:*

*Phone number:*

*E-mail:*

*Type of business or organization:*

*Primary service(s) and area/population served:*

Preferred method of contact:  Work  Residence

## **BACKGROUND/EXPERIENCE**

Please list boards that you serve on, or have served on (business, civic, community, recreational, etc.).  
*Include the name of the organization, your role/title, and dates of service.*

Why are you interested in serving on the Hickok Center's Board of Directors?

How do you feel the Hickok Center would benefit from your involvement as a Board Member?

Have you received any awards or honors that you'd like to mention?

\*Please attach your resume or CV

## **SKILLS AND AREAS OF EXPERTISE**

Please check any of the following skills or areas of expertise that apply to you:

- |  |  |
|--|--|
| <input type="checkbox"/> Finance, Accounting                 | <input type="checkbox"/> Management/Administration                       |
| <input type="checkbox"/> Brain Injury/Cognitive Disabilities | <input type="checkbox"/> Grant Writing                                   |
| <input type="checkbox"/> Nonprofit                           | <input type="checkbox"/> Teaching and/or Curriculum Development          |
| <input type="checkbox"/> Fundraising and Event Planning      | <input type="checkbox"/> Public Relations, Communications                |
| <input type="checkbox"/> Marketing and Networking            | <input type="checkbox"/> Human Services, Direct and /or Indirect Service |
| <input type="checkbox"/> Law                                 | <input type="checkbox"/> Other Healthcare, including Insurance           |
| <input type="checkbox"/> Government                          | <input type="checkbox"/> Other (please explain):                         |

Please list any groups, organizations or businesses to which you could serve as a liaison on behalf of Hickok Center.

Please tell us any additional information you'd like to share.

Resume Attached?  Yes  No

Referred by (optional):

Signature:

Please check if submitting electronically and type your name:

When complete, please return via email to [ecomarella@hickokcenter.org](mailto:ecomarella@hickokcenter.org) or mail to 114-118 S. Union St., Rochester, NY 14607.

**For Internal Use Only**

*Received by.*

*Date:*