

The College of Behavioral and Community Sciences Department of Child and Family Studies University of South Florida

## Center for Autism and Related Disabilities at the University of South Florida

## **Constituency Board Candidate Form**

I. Personal Information:	
Name:	
Address:	
Telephone:	_Alternate:
E-mail:	
County:	
*Relationship to individual with ASD:	_SelfFamily Member
(*Required by Florida Statute for Board participation)	

Occupation (place of employment & role): \_\_\_\_\_

Professional skills, training or talents:

Areas of special interest/connection that can help advance the work of the organization:

How will joining the CARD Constituency Board benefit you?

Involvement in related advocacy organizations:

Previous Boards, social service agencies, or community groups with which you have served: (Please give names, dates of service, and types of activities.)

## II. Purpose:

The purpose of CARD is to provide services to individuals with the diagnoses of autism, pervasive developmental disorder, autistic-like disability, dual sensory impairment or sensory impairment with other disabling conditions. The mission of this Constituency Board is to provide advice on policies, priorities and activities regarding the implementation of the CARD Program in this catchment area.

The Constituency Board meets once quarterly for approximately two hours; can you regularly attend this meeting (sometimes held at USF Tampa offices)? \_\_\_\_Yes \_\_\_\_No

(Applicants must attend 2 quarterly meetings before eligible to join the board by majority vote)

Could you, on occasion, give additional time to the Constituency Board to represent the organization at community events? \_\_\_\_Yes, approximately\_\_\_\_hours/month; \_\_\_\_No

Please check area(s) of primary interest related to the activities of CARD where you can be helpful:

**A. Education:** To promote and pursue equitable treatment and improved quality of life for those with Autism Spectrum Disorders (ASD), increase awareness of and educate the community about ASD, tabling events, securing training opportunities.

**\_\_\_\_B. Fundraising:** To develop opportunities for programs or activities that financially benefits the work of USF CARD. Soliciting support (monetary / in-kind) to support fundraising events.

**\_\_\_\_C. Promotion:** To inform the CARD USF social media/marketing community partners, CARD constituents, your circle of influence, and the community at large of the accomplishments and activities of CARD. Public speaking opportunities that benefit USF CARD.

**D. Legislative:** To inform and advocate for USF CARD at the State and local legislative levels.

## III. Commitment (Please check one.)

\_\_\_\_\_I am interested in serving on the Constituency Board and fulfilling the responsibilities of that function for a full term of office (3 years)

\_\_\_\_I am interested in serving solely as an advisory committee member at this time

Signature

Date

Please return to:

Beth Boone, PhD Executive Director, CARD-USF 13301 Bruce B. Downs Blvd. MHC 2113A Tampa, FL 33612 boone4@usf.edu