



## Board Nominating Committee Proposed Board Membership Form

**According to the DRMS By-Laws, new members of the Board shall be appointed by the existing Board and can be recommended for membership by any interested person. This form is to be used as the primary documentation for recommendation, and further details or inquiry into a potential new member will be based on information from this form.**

Date: \_\_\_\_\_

Person making the recommendation: \_\_\_\_\_

Best number to contact you: \_\_\_\_\_

Your connection to DRMS: (check one)  STAFF MEMBER  BOARD MEMBER  CLIENT  
 SERVICE PROVIDER  OTHER

**Person of interest:** \_\_\_\_\_

**TYPE: (check one)**  Primary Consumer  Parent  Family member  
 Service Provider  Member of the Community

**Contact information:** Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Why do you feel this person would be a good fit for the DRMS Board:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What other types of strengths that you know of does this person have that would enhance the work of the DRMS Board, such as legislative experience, legal background, ethnic diversity, accounting knowledge,, etc.:**  
\_\_\_\_\_  
\_\_\_\_\_

**COMMITTEE DOCUMENTATION ONLY:**  
Date submitted to Board for review: \_\_\_\_\_ by: (int) \_\_\_\_\_

**Result of submission: (check one)**  Further Inquiry  Not accepted