



Board of Directors Application Form

APPLICATION INSTRUCTIONS

**Please Visit our website www.tidewaterasa.org to view the JOB DESCRIPTION.
Your application and three letters of reference must be e-mailed, faxed, or mailed.**

Nomination Committee
Autism Society, Tidewater Virginia
6300 E. Virginia Beach Blvd.
Norfolk, VA 23502

For additional information visit our website at www.tidewaterasa.org or e-mail the
Autism Society, Tidewater Virginia at tidewaterasa@verizon.net

APPLICANT NAME: _____

ADDRESS: _____

PHONE: _____

Day /Evening

E-MAIL/FAX: _____

I. EMPLOYMENT EXPERIENCE

List in chronological order beginning with current or most recent position. Please provide resume and/or curriculum vitae.

Position/Title Organization* From / To

1. _____

2. _____

3. _____

4. _____

Other Positions _____

**Please spell out complete name; no abbreviations/acronyms*

II. VOLUNTEER EXPERIENCE

Position/Title Organization* From / To

1. _____

2. _____

3. _____

4. _____