

Southern New Jersey Regional Early Intervention Collaborative  
(SNJREIC)  
Board of Trustees - Nomination Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Telephone#: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

Profession/Business: \_\_\_\_\_ Address: \_\_\_\_\_

Work#: \_\_\_\_\_ Fax#: \_\_\_\_\_

State simply why you would like to become a Board Member: (attach a separate piece of paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you any prior affiliation with the SNJREIC?  Yes  No  
If yes, for how long and in what capacity? \_\_\_\_\_

\_\_\_\_\_

Representation:  
Please check all that apply.

Family Member

Parents/Guardians, foster parents, grandparents, aunt, uncles or siblings who:

1. have/had cared for children with disabilities
2. have/had experience with programs for infants, children or young adults with disabilities and who reside or receive services within the region

Community Representative

Non-family/Community individuals who are 18 years of age or older and have expressed an interest in early intervention services.

Early Intervention Service Provider

Part C early intervention service providers who are individuals providing direct services to eligible infants, toddlers, and their families.

I certify that I have completed the above information to the best of my abilities, and I am over age 18.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete and mail to the attention of:

Kim Ferenci  
SOUTHERN NEW JERSEY REGIONAL EARLY INTERVENTION COLLABORATIVE  
1044 South Route 73, Suite A  
Berlin, New Jersey 08009  
Phone #: 856-768-6747  
Fax#: 856-768-2059

Southern New Jersey Regional Early Intervention Collaborative  
(SNJREIC)

Nominee Questionnaire

Applicant's Name: \_\_\_\_\_

Applicant: Please complete the following four questions. Use the reverse side or attach a second sheet of paper if you need additional space to write your responses. Use your written comments as a guide to the teleconference interview you will have with members of the Nomination Committee.

1. Why are you interested in becoming a Board Member? (Please comment on why you feel you would be a good representative.)

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2. Can you provide the Committee with more information about your background and interests? (ie: Career, community work, volunteer work, parenting, etc.) Have you worked with a group to develop and complete a project from start to finish?

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3. Full Board meetings are scheduled every other month and are held during evening hours. Would you be able to meet this level of commitment during the two-year Board term?

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4. Please read the attached Mission Statement explaining the Early Intervention System. Please comment on what this means to you and what contributions you feel you can make as a Board Member.

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***Thank you for taking the time to let us know more about you.***

# **OUR BOARD OF TRUSTEES NEEDS YOU!**

## **Southern New Jersey Regional Early Intervention Collaborative**

### **Our Mission**

*The Southern New Jersey Regional Early Intervention Collaborative enables families to meet the needs of their young children with special needs by forging and fostering partnerships among community members whereby service strategies are individualized and family driven.*

Parents:

As a family receiving Early Intervention services, you know what is working for your family and what might be in need of improvement. We value your input, ideas and voice. The SNJREIC provides an outlet for our families to participate in the decision-making process. We are seeking new board members to help us achieve our mission. We ask that nominees make a commitment of a two year term. If you or another family member are interested, contact Kim Ferenci, Office Manager at 856-768-6747 to obtain a Board of Trustees Nomination and Questionnaire form.

### **When we meet:**

*Board meetings are held once every other month. Meetings are held in the evening hours between 6 pm and 8 pm, and are located at the Regional Early Intervention Collaborative offices.*

**SNJREIC  
1044 South Route 73, Suite A  
Berlin, NJ 08009**

