



GUAM LEGAL SERVICES CORPORATION DISABILITY LAW CENTER

MAIN OFFICE

113 Bradley Place, Hagåtña, Guam 96910
Telephone No.: (671) 477-9811/2
TDD/TTY No.: (671) 477-3416
Facsimile No.: (671) 477-1320

DISABILITY LAW CENTER (DLC)

The Protection and Advocacy System of Guam
Telephone No.: (671) 922-4571/2
E-mail: information@guamlsc.org
Website: www.guamlegalservices.org

Daniel S. Somerfleck, Executive Director
Robert G.P. Cruz, Staff Attorney
Alexander K. Shell, Staff Attorney

Board of Directors Application Form

Thank you for your interest in joining the Guam Legal Services Corporation-Disability Law Center Board! Please fill out the information below so that you may be considered for the GLSC-DLC Board of Directors.

| | |
|--|-------------|
| Full Name: | |
| Home Phone: | Cell Phone: |
| Mailing Address: | |
| Email Address: | |
| Briefly describe why you are interested in joining our Board of Directors: | |
| List your current organizational affiliations (name of the organization and your role(s)): | |

BOARD OF DIRECTORS:

PRESIDENT
Elisabeth T. Cruz

VICE PRESIDENT

SECRETARY

TREASURER
John C. Terlaje

ACTIVE MEMBERS
Joelle Mendiola - Joleen Baza
Maria Teresa Aguon - Nadine Cepeda
Roberta Perez

What would you like to gain for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

As the designated Protection and Advocacy System on Guam, it is important that we include the voice and ideas of individuals with disabilities or family members of individuals with disabilities and those who work with individuals with disabilities. Please mark one of these categories *if they apply*:

- I am an individual with a disability
- I am a family member/guardian of an individual with a disability
- I am a service provider for individuals with disabilities
- I am a professional in the area of disabilities
- I am an individual who is knowledgeable about disabilities

Are there any special accommodations necessary for you to participate on the Board?

- Yes No If yes, please explain _____

If you join the Board, you agree that you can provide at least 2-4 hours a quarter in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____