



*The* COLLEGE of MEDICINE  
FLORIDA STATE UNIVERSITY



**CENTER FOR AUTISM AND RELATED DISABILITIES  
AUTISM INSTITUTE**

**CONSTITUENCY BOARD CANDIDATE FORM**

**Personal Information:**

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

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

Telephone: \_\_\_\_\_

Alternate: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Professional skills and training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will being a Constituency Board member be good for you personally? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special interests and related experiences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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## II. Purpose:

The purpose of the FSU CARD shall be to provide services as set forth in Florida Statute 393.0697(5) to individuals who have autism, pervasive developmental disorder, autistic-like disability, dual sensory impairment or sensory impairment with other disabling conditions. It is the purpose of the Constituency Board to provide advice to the CARD center staff on policies, priorities and activities.

The Constituency Board meets once quarterly for approximately two hours; can you regularly attend this meeting?  Yes  No

Could you, on occasion, give additional time to the Constituency Board?  
 Yes, approximately \_\_\_\_\_ hours/month;  No

Are you a family member of a child with Autism Spectrum Disorder (ASD) or a related disability?  Yes  No

In addition to attendance and participation in Board Meetings, members will be encouraged to work on committees. Below is a potential committee structure with a brief statement of purpose. From time to time, special or ad hoc committees will be established to meet specific needs or work on particular projects.

Please check area of primary interest:

- A. Education/Advocacy:** 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, and to encourage the community in alleviating the effects of these disabilities on individuals and families.
- B. Fundraising:** To develop opportunities for programs or activities that financially benefits the work of FSU CARD.
- C. Publications:** To inform the networking agencies, CARD constituents, and the community at large of the accomplishments and activities of CARD.

**III. Other areas of interest (Please check.)**

- Public Speaking       Membership Development       Marketing
- Marketing Community/Legislative Education       Administrative Projects
- Other \_\_\_\_\_ (e.g. mail processing)

**IV. 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.
- I am interested in serving solely as a committee member at this time (see II, A-C)
- I am interested in working with the Constituency Board in a specific area or on specific projects (see III).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date