

Orthotic and Prosthetic Assistance Fund (OPAF) Board Nomination Form

Thank you for responding to our call for nominations. We appreciate your interest in our organization and look forward to learning more about you through a self- or a second-party nomination. Please print your responses below. *Thank you.*

1. Your name/professional credentials:

2. Complete contact information, including preferred email address:

3. Which position do you/does your nominee seek to fill?

4. What term would you/your nominee be willing/able to serve? Please underline or circle one.

One Year

Two Years

Three Years

As needed by the board

Note: The precise length of term will be “assigned” following a Board term overview this fall. This process is in place to ensure appropriate staggering of Board members for the benefit of the OPAF’s future growth.

Nominees should have appropriate background, a history of 501(c)(3) nonprofit committee/ volunteer work alongside a familiarity with and dedication to fundraising, and a strong commitment to the primary mission of the Fund: Enables individuals with physical disabilities - especially those served by members of the O&P community - to enjoy the rewards of personal achievement, physical fitness, and social interaction.

OPAF operates according to the best practices described in Standards for Excellence: An Ethics and Accountability Code for the Nonprofit Sector, © 1998 Maryland Association of Nonprofit Organizations.

In advance of preparing the required application, nominees are encouraged to read and familiarize themselves with the responsibilities and duties described in this publication, which is conveniently available online at: http://www.marylandnonprofits.org/html/standards/04_02.asp

Please see instructions on the following page

1. Please include a brief (2-page) CV or resume outlining your (or your nominee's) relevant background. Please include any specific professional skills and abilities, especially as they relate to 501(c)(3) nonprofit board service, that you would like the committee to know about you or your nominee.
2. In an essay no shorter than 250 words, and no longer than 500, please explain in detail your qualifications for and interest in service on the OPAF Board of Directors.

Please send this completed form with the materials described above to:

1. By email to: rlb@opfund.org (Be sure to include all materials as attachments)
2. By mail to: **Orthotic & Prosthetic Assistance Fund, Inc.**
750 Bridgeview Road
Langhorne, PA 19053
3. By fax to: **215-752-5759**

Please direct questions to Robin Burton, OPAF Executive Director at 215-752-5756 or rlb@opfund.org