

Application For Board Membership JEWISH RENAISSANCE FOUNDATION

Name:		Date of Birth:
Occupation:		
Mailing Address:		
Home Phone:	Mobile Phone:	Email:

YOUR BACKGROUND: What education or skills could you contribute to our Board?
(please check as many that apply)

☐ Accounting	☐ Management	☐ Public Relations
☐ Special Events	☐ Marketing	☐ Human Services
☐ Fundraising	☐ Education/Training	☐ Community Relations
☐ Legal	☐ Housing	☐ Youth & Families
☐ Health	☐ Other	

Have you ever been an employee of the JRF? ☐ YES ☐ NO

Are any members of your family employed by JRF? ☐ YES ☐ NO

On what other Boards do you serve?

At least 51% of the Trustees shall be consumer board members. A “consumer board member” is a current registered patient of JRF’s health center project, or the legal guardian of a patient who is a dependent child or adult, who in the past 24 months has received at least one or more in-scope services(s) furnished at an in-scope health center project site, which generated a health center visit.

Will you be planning on utilizing the Health Center for primary care or dental services? ☐ Yes ☐ No

YOUR AVAILABILITY TO SERVE

Could you regularly attend monthly Board meetings? ☐ Yes ☐ No

Elected Officials Only – Elect to send delegate ☐ Yes ☐ No

Name: _____

Title: _____

Contact Phone Number: _____

Email: _____

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