



## Board of Directors Application

### PERSONAL INFORMATION

Name:	
Home Address:	
City/State/Zip Code:	
Home Phone Number:	
Cell Phone Number:	
Personal E-Mail:	

### PROFESSIONAL INFORMATION

Employer:	
Title:	
Work Address:	
City/State/Zip Code:	
Work Phone Number:	
Work E-Mail:	

**Please choose which contact information FCAP should use to communicate with you:**

Work       Home

**ADDITIONAL INFORMATION**

Recommended By:	
Are you affiliated with any FCAP member clinics or other free clinics in PA?	Yes No
If yes, which one(s) and what is your role or affiliation?	
Previous Board Experience:	
Previous Non-Profit Experience:	

**DIVERSITY, EQUITY, INCLUSION, AND ACCESSIBILITY SURVEY**

Age (select one):	18-34 35-50 51-65 over 65
Do you identify as: (mark only one)	Person with a disability Person without a disability Decline to state Other
Race/Ethnicity (Check all that apply)	Asian/Asian American Black/African American Hispanic/Latino/Latina Middle Eastern/North African Native American/American Indian/Alaska Native/Indigenous Native Hawaiian/Pacific Islander White/Caucasian/European Multi-Racial/Multi-Ethnic Decline to State Unknown Other:

Do you identify as the following* (mark only one)	Transgender Not transgender (cisgender) Decline to state Other:
Do you identify as the following (mark only one)	Female Male Non-binary Decline to state Other:
Do you identify as: (mark only one)	Gay, Lesbian, Bisexual or other orientations in the LGBTQIA+ community Heterosexual or "straight" Decline to state Other:

**To achieve our mission, we must have a diverse, committed, and active Board of Directors. To maximize your involvement, please provide a response to the following questions:**

1. What are your reasons for wanting to be on the FCAP Board?
  
2. Please describe any previous experience and/or training that you believe will assist you in your capacity to serve on the Board and support the mission of FCAP:
  
3. Please check all areas of expertise/leadership qualities:
  - Administration/Management
  - Early-stage organizations/start-ups
  - Evaluation
  - Financial oversight
  - Fundraising
  - Grant writing
  - Law
  - Marketing/Public Relations
  - Human Resources
  - Strategic Planning
  - Technology
  - Other:

4. Please check all areas of the community in which you have connections:

- Corporate
- Hospital/Health Care Systems
- Insurance
- Media
- Political
- Philanthropy
- Small Business
- Social Services
- Religious Organizations
- Other:

5. By typing my name below, I certify that I have read through the Expectations and Responsibilities of the Board document. If selected for the Board, I agree to abide by these Expectations and Responsibilities and understand that if I fail to do so, I may be removed from the Board. I also hereby promise to place the values and goals of the Free Clinic Association of Pennsylvania over those of my own professional or clinic-affiliated interests when making decisions on behalf of the Board. Please email a copy of your resume/CV to [kristen@freeclinicspa.org](mailto:kristen@freeclinicspa.org).

Name:

Date

Reviewed by:

Executive Director: \_\_\_\_\_

Governance Committee: \_\_\_\_\_