. Proactive Patient Advocacy Inc.

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| Proactive Patient Advocacy Inc. Board Member Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST Zip |  |
| Cell/Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| Government Issued ID | ID/License #: State Issued: |
| Facebook Page: |  |
| Instagram Handle: |  |
| Twitter Handle: |  |
| LinkedIn Page: |  |
| Other Social Media Handles: |  |

##  What do you know about our organization?

## Why are you interested in committing your time and energy to us?

## Fundraising is a significant obligation of board service. Can you tell us about your experience in fundraising?

## Do you currently or have you previously served as a board member for an organization? If yes, please explain. If no, please explain why you are interested in serving with Proactive Patient Advocacy Inc. in this leadership capacity.

## What is your availability?

### During which hours are you available for meetings, volunteer assignments and other duties as needed? Use extra space to elaborate.

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## Which forms of communication appeal to you in addition to our Board Portal?

\_\_\_ Conference Calls/Zoom \_\_\_ Live Meetings \_\_\_ Emails \_\_\_ Texts

## Interests

### As a board member everyone is expected to participate in strategic planning, fundraising and volunteer recruitment for the organization, which areas interest you the most?

* Administrative/Data Mgmt
* Fundraising
* Social Media Mgmt
* Public Relations
* Volunteer Service
* Media Production
* Event Planning
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## What do you think are the characteristics of a great board member?

## Board members bring experience, wisdom, and strategic thinking,.  Can you tell us about yours?

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including education, hobbies or sports.

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## Previous Volunteer Experience

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### Summarize your previous volunteer experience.

## Do you have any restrictions that would in interfere with serving as a board member? If yes, explain.

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City State Zip  |  |
| Home Phone |  |
| Work Phone |  |

## Please attach two reference letters - 1 Personal & 1 Professional

## Please attach a copy of your government issued ID/License (front &back)

## Agreement and Signature

### By submitting this application, I give permission for a background check. I affirm that the facts set forth in it are true and complete. I understand that upon acceptance as a volunteer board member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### Every board member has equal voice, input, and expertise which is valued within the organization. Our board members have a sense of humor, enjoy socializing, exercise honesty, integrity, and believe in the principles, outreach, and functionality of **Proactive Patient Advocacy Inc**. It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for your interest in partnering with **Proactive Patient Advocacy Inc.**