



Board of Director Application

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Social Security #: _____ Gender: Male Female Other

County of Residence _____ Cell Phone: _____

Ethnicity: American Indian/Alaska Native Asian Black/African American
Hispanic/Latino Native Hawaiian White Two or more races

Company Name and Address: _____

Phone: _____ Fax: _____ E-Mail: _____

What email, address and phone number would you like to be contacted at?

What skills and knowledge are you willing to bring to our board?

Why are you interested in serving on the CFCHS Board of Directors?

Area(s) of contribution you feel you can make (financial, fundraising, prior involvement as a foster or adoptive parent, public speaking, legislative, etc.)?

Other volunteer commitments/Board seats:

Please Indicate your Experience in the Following Areas

	Very Experienced	Some Experience	Little/no Experience
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board development (recruitment, training, evaluation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program planning and evaluation (training, outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial management and control (budget, accounting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public policy, legislative advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication, public and media relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you able to make a one-year commitment?	Yes	No
Are you able to attend bi-monthly board meetings?	Yes	No
Are you able to actively participate on at least one committee?	Yes	No
Would you commit to:		
Making a financial contribution to CFCHS?	Yes	No
Bringing in corporate resources, financial or in-kind resources CFCHS?	Yes	No

Please attach a resume and biography to the application and mail or e-mail completed application to:

Central Florida Cares Health System, Inc., 707 Mendham Blvd. Suite 201, Orlando, FL 32825 or
kpease@cfchs.org

Thank you for your interest.