|  |  |  |  |
| --- | --- | --- | --- |
| **Application For Board Membership**  JEWISH RENAISSANCE FOUNDATION | | | |
| Name: | | | Date of Birth: |
| Occupation: | | | |
| Mailing Address: | | | |
| Home Phone: | Mobile Phone: | Email: | |

**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:

|  |  |  |
| --- | --- | --- |
| **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 | | |

Jaime Rivello, CEO

Jewish Renaissance Foundation

1090 King Georges Post Road, Bldg. 7 Suite 704 Edison, NJ 08837

Phone: 732-324-2114 Fax: 732-324-0256 email: Jaime.rivello@jrfnj.org