



Board of Directors Application

Today's Date: _____ Birthday: (Mo/Day)_____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail _____

Employer: _____ Job Title: _____

(Attach Resume if relevant)

How did you hear about the Annex Teen Clinic?

Why would you like to be on the Board of Directors at the Annex Teen Clinic?

What unique contributions or skills can you bring to our Board of Directors?

Please list any other volunteer experiences you have had:

Which committee(s) interest you most?

- Finance
- Quality Assurance
- Governance
- Development