

**Board of Directors Application**

**Introduction**

This is an application to serve as a volunteer member on the Board of Directors for Fenway Health.

Fenway Health is a non-profit organization whose stated Mission is, to enhance the wellbeing of the LGBTQIA+ community and all people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy.

Federal regulations state that no board member shall be an employee of the health center or an immediate family member of an employee.

Please provide the requested information below.

Personal Information

Name:

Address:

City, State, Zip

Phone:

Email:

Preferred Gender/Pronouns:

Employment Information

Employer:

Title/Role:

Employment Address:

Length of Employment:

Briefly describe your education background:

1. Briefly explain (3-4 sentences) how you are connected with Fenway Health.

1. Are you a patient of Fenway Health? Please check one. (A patient is defined as a medical, optometry, or dental appointment within the last 12 months. Fenway Health is required to have at least 51% of its Board of Directors as “Consumer Directors”, however it is not a requirement of Board service.)

Yes \_\_\_\_ No \_\_\_\_\_

1. Briefly explain (3-4 sentences) why are you interested in serving on the Board of Directors for Fenway Health. How do you feel Fenway Health would benefit from your involvement on the Board?
2. Briefly explain (3-4 sentences) what aspect of the Board of Directors role interests you the most.
3. What skills and experience can you contribute to Fenway Health’s Board of Directors?
4. What areas of expertise will you contribute to Fenway Health’s Board of Directors? (Check all that apply.)

\_\_\_ Finance/Auditing

\_\_\_ Education

\_\_\_ Business/Corporate

\_\_\_ Fundraising/Philanthropy

\_\_\_ Government

\_\_\_ Non-Profit Management

\_\_\_ Public Speaking

\_\_\_ Human Resources

\_\_\_ Legal/Governance

\_\_\_ Public Relations/Marketing
\_\_\_ DEI (Diversity, Equity, and Inclusion)

\_\_\_ Volunteer Management

\_\_\_ Outreach/Advocacy

\_\_\_ Policy Development

\_\_\_ Community Service

\_\_\_ Program Evaluation

\_\_\_ Special Events

\_\_\_ Grants (federal, state, private)

\_\_\_ Research

\_\_\_ Regulatory and Compliance

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Briefly describe any other areas of expertise or interests.
2. Do you have any prior Board experience? If yes, please list the name of the organization, role(s) and years served.
3. Are you currently serving on any other Boards? If so, which ones?
4. What other professional or social organizations are you a member of?
5. Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of Fenway Health.
6. Please list the names and contact information for three references: one professional, one personal, and one volunteer reference.
7. Diversity and inclusion are important considerations for Fenway Health. Therefore, we strive to have diverse membership on our Board of Directors. The following questions are optional, but help us ensure we are fulfilling that goal:
8. Age Rage:
\_\_\_\_ 18 – 29
\_\_\_\_\_30 – 49
 \_\_\_\_ 50 – 64
 \_\_\_\_65+
9. Nationality:
\_\_\_\_Asian/Pacific Islander
 \_\_\_African-American/Black
\_\_\_ Hispanic/Latino
 \_\_\_Native American
\_\_\_\_White
\_\_\_ Other
10. Please tell us anything else you’d like to share.

**Resume/CV/Credentials**

Please attach your current resume/CV and a list of your credentials.

**Conflicts of Interest**

Every member of the Board of Directors is required to make full disclosure of any and all actual, perceived, and potential conflicts of interest on an annual basis. Directors are also required to disclose a conflict of interest when it becomes known between annual disclosures. The failure to disclose a conflict of interest is reason for immediate dismissal from the Board of Directors. If your candidacy is put forward by the Membership Committee of the Board of Directors, you will be asked to complete a conflicts of interest disclosure.

**Background Check**

Every member of the Board of Directors is required to pass a background check before taking office. If your candidacy is put forward by the Membership Committee of the Board of Directors, you will be asked to go through a background check.

Please submit this completed application via email to:

boardapplication@fenwayhealth.org

Board membership begins on July 1st each year, and applications are due no later than March 31st. Thank you for providing your information to us for consideration. We will be in touch with you regarding your submission.