

Prospective Board Member Application

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Relevant Experience and/or Employment (attach a resume if relevant)

Why are you interested in The Toledo Clinic Foundation?

Area(s) of expertise and contribution you feel you can make:

Other volunteer commitments (Current (C) or Prior (P))

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For Board Use

_____ Nominee has had a personal meeting with either board chair or other board member(s)

Date _____ Initials _____

_____ Nominee reviewed by the Governance chair/committee

Date _____ Initials _____

_____ Action Taken by board

Date _____ Initials _____

_____ Scheduled Orientation

Date _____ Initials _____