



Pregnancy Help and Educational Resources for Families

1213 North Third, Marquette
330 Fortress St, Gwinn
325 S. Pine St, Ishpeming

(For Care Clinic Office Use Only)

BOD Contact: _____

BOD packet Submitted to BOD: _____

Criminal Background Check: _____

BOARD MEMBER APPLICATION

Name: _____ Phone: _____
Last First Middle Home Cell Work

Address: _____
Street City State Zip Code

Email: _____

Date of Birth (without year): Month _____ Day _____

Occupation: _____ Employer: _____

Marital Status: _____ Spouse's Name/Occupation: _____

Have you previously volunteered or served on the BOD at a pregnancy help center? If yes, give name of center and dates:

How did you hear about the Care Clinic? _____

What interests you most about becoming a CC board member?

Area(s) of expertise/contribution you feel you can make.

Members of the Care Clinic Board of Directors are expected to serve on a standing committee. Please indicate your Preference on a committee assignment (1st, 2nd, 3rd, etc.)

___ Community Awareness ___ Organizational Development ___ Medical Advisory

___ Community Programing ___ Life Walk ___ Finance/Fundraising

Education:

___ High School graduate Year graduated: _____

___ College graduate Degree earned: _____

___ Current student School: _____

Work Experience:

1. Name/address of organization: _____
Name/phone of supervisor: _____
Job title: _____
Dates employed: _____
2. Name/address of organization: _____
Name/phone of supervisor: _____
Job title: _____
Dates employed: _____

Please list and memberships and associations you are currently affiliated with (service clubs, professional organizations, other non-profit organizations, etc.)

CHRISTIAN COMMITMENT

The Care Clinic is an interdenominational Christian organization. Describe how you would interact with other Christians whose doctrines differ from your own.

Please tell us about your relationship with Jesus Christ.

PERSONAL REFERENCES

Please provide us with the names of three individuals (other than family) that we may contact for a personal reference.

Name	Address/Email	Relationship	Phone

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

CHURCH REFERENCE

Pastor's Name	Church Name	Address	Phone
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How long have you attended: _____

In what ways are you involved at church? _____

CRIMINAL RECORD

Have you in the last seven years been convicted of a criminal offense? If yes, indicate nature of offense, date, court, and disposition.

Please submit board application to:

Cindy Asher, Executive Director
cashier@careclinicmqt.org

Mailing Address:

Care Clinic
1213 North Third St.
Marquette, MI 49855

Please call if you have questions, (906) 228 - 2273