



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 CC 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 Finance & Fundraising
Community Programming Organizational Development

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 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
_____ Name	_____ Address/Email	_____ Relationship	_____ Phone
_____ Name	_____ Address/Email	_____ Relationship	_____ Phone

EMERGENCY CONTACT

Name: _____ Relationship: _____
Phone: _____ Cell Phone: _____

CHURCH REFERENCE

Pastor's Name	Church Name	Address	Phone
_____	_____	_____	_____

How long have you attended: _____
 In what ways are you involved at church? _____

CRIMINAL RECORD

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

Please email board application to: ggostomski@careclinicmqt.org or mail to: Care Clinic, 1213 North Third, Marquette, MI 49855. Please call if you have questions, 906 228 2273.