

FAMILY RESPITE CARE SERVICES, INC.
BOARD MEMBER PROFILE

Name _____

Address _____

Home Phone _____

Alternate Phone _____

E-mail _____

Best time to call _____

Paid Occupation _____

Nature of duties _____

Highest Level of Education Completed _____

Why are you interested in our organization and how did you hear about our organization?

Why are you specifically interested in serving on a board? _____

Do you have any previous board service, leadership, or volunteer experience? Are you presently serving on other boards?

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What kinds of skills or expertise can you offer? (Such as fundraising, HR, finance, business, PR, technology, non-profits):

How do you think we could best take advantage of your expertise? _____

How will the organization benefit from your participation? _____

What kind of time and financial commitment will you be able to make? _____

Are you willing to serve on committees? _____

Will you be able to regularly attend quarterly board meetings? _____

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Professional Affiliations and Position _____

Volunteer Affiliations and Position _____

Special Interests, Talents, or Hobbies _____

What do you expect us to do for you so that your experience turns out to be satisfying?

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When applying to be a Board Member for FRCS for Rock County, there are three levels of expectations involved with the length of service. The length of service as defined in our bylaws is one year.

We consider these three levels of expectations for all Board Members and Officers as strengths to make FRCS for Rock County a strong non-profit organization. These levels of expectations included in the length of service of a board member and officer are: Wealth – securing finances, Work – participates in activities, and Wisdom – knowledge and expertise.

Which level of expectation are you most able to contribute to FRCS for Rock County?

There are different roles available on our Board. Which position are you most interested in? *(Please circle all that apply)*

- Executive Board

President Vice-President Secretary Treasurer

- Board Member only
- Board Member & Committee (please indicate committee below)
- Committee Member (please circle)
 Program Fundraising

To better inform our funders, please share with us your:

Race/Ethnic Origin _____

Do you or a person in your family have a child/individual with a disability, special health care need, or other impairments?

___ Yes Disability, special health care need, or other impairments: _____

___ No

*Please return your completed application to:
205 N. Main St. Suite 102 / Janesville / WI / 53545*