



**United Methodist Elder Care**

40 Irving Avenue  
East Providence, RI 02914

**Board of Trustees Candidate Application**

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
First MI Last Familiar name

**Residence**

Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Employer**

Name \_\_\_\_\_  
Your title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Type of business or organization \_\_\_\_\_  
Primary service(s) and area/population served \_\_\_\_\_

Preferred method of contact ( ) Work ( ) Residence

**Please share any relevant experience and/or employment that you might have** (attach a resume if relevant)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list boards and committees that you serve on, or have served on** (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please list other volunteer commitments that you have, or have had**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education/Training/Certificates/Honors**

\_\_\_\_\_  
\_\_\_\_\_

---

**Why are you interested in our organization?**

---

---

---

How do you feel the **United Methodist Elder Care** would benefit from your involvement?

---

---

---

**Skills, experience and interests**

(Please circle all that apply)

Finance, accounting  
Personnel, human resources  
Administration, management  
Nonprofit experience  
Community service  
Policy development  
Program evaluation  
Public relations, communications

Education, instruction  
Special events  
Grant writing  
Fundraising  
Outreach, advocacy  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of **United Methodist Elder Care**.

---

---

---

Please tell us anything else you'd like to share.

---

---

---

**Thank you very much for applying**