



Board Member Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nominated by: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Areas of Expertise you bring to the board (Please check one or more):

- Accounting/CPA       Legal       Banking/Controller       Media  
 Strategic Planning       Fundraising       Medical/Health       Communications  
 Other: \_\_\_\_\_

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**Wellspring Health Access**

712 H Street NE, Suite 1825 Washington, DC 20002

[www.wellspringaccess.org](http://www.wellspringaccess.org)

202.750.0587



1. Please briefly describe why you would like to volunteer to serve on the Board:

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2. Please briefly describe your academic and professional background, and other relevant experience (include any degrees or other professional titles you hold):

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3. Please briefly outline the specific skills you bring, or contributions you hope to make to the Board:

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4. Please list any other clubs, boards or professional organizations you are involved with (or have been involved with in the last 5 years) and specify your positions and years of service. (Attach additional sheet if necessary):

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5. If you are a medical provider, lawyer, CPA or hold another type of professional license, please provide the following information:

| Type of License | State | License Number | Issue Date | Expiration |
|-----------------|-------|----------------|------------|------------|
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|                 |       |                |            |            |
|                 |       |                |            |            |



I am applying for a position on the Board of Directors of Wellspring Health Access. I understand that there are meeting attendance and active participation requirements, including at least four meetings per year, at which attendance is required. One of which will be an in-person meeting, if warranted and appropriate. Additional emergency meetings may be called as needed and attendance is required. Attendance at and support (monetary or in-kind) of Wellspring Health Access events, fundraisers and other board functions is required.

I hereby certify that all the information contained herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**\*\*\*Please attach a current copy of your curriculum vitae and/or resume.\*\*\***

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