



THE JOSSELYN CENTER  
At The Center of Mental Health and Hope

## ASSOCIATE'S BOARD CANDIDATE PROFILE

Title / First / Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / ST / Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

City / ST / Zip: \_\_\_\_\_

Preferred mailing address: \_\_\_\_ Home \_\_\_\_ Business

Preferred Salutation: \_\_\_\_\_

Name of spouse (if applicable): \_\_\_\_\_

Professional experience and affiliations: \_\_\_\_\_

Other current board commitments: \_\_\_\_\_

Past board or advisory commitments: \_\_\_\_\_

How did you become familiar with The Josselyn Center: \_\_\_\_\_

How would you be interested in serving on The Josselyn Center? Please check all that apply.

- |               |                        |
|---------------|------------------------|
| Marketing     | Strategic Planning     |
| Fundraising   | Quality and Compliance |
| Finance/Audit | Other: _____           |

### Board Member Responsibilities

- Attend 2/3 of regular meetings
- Support outreach, awareness, and advocacy in the community – through representing Josselyn at particular events, assisting with awareness campaigns, communicating advocacy initiatives, and through other means
- Support Josselyn with a financial contribution; help to raise financial resources for Josselyn
- Know the Center's mission, goals, policies, programs, services, needs, and strengths
- Meet the minimum annual give/get of \$1000 annually

Please return completed application to Susan Resko, President, [sresko@josselyn.org](mailto:sresko@josselyn.org). Thank you.