

**Emma Goldman Clinic**  
227 N. Dubuque St.  
Iowa City, IA 52245  
(319) 337-2112

**PROSPECTIVE BOARD MEMBER INFORMATION**

Thank you for your interest in contributing time and skills to the Emma Goldman Clinic. The information you provide is confidential. The Nominating Committee and Board of Directors will review the information. Please contact [info@emmagoldman.com](mailto:info@emmagoldman.com) or by phone at the Clinic if you have any questions.

Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address to receive mail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone (day) \_\_\_\_\_  
(evening) \_\_\_\_\_  
(FAX) \_\_\_\_\_

E-mail \_\_\_\_\_

Background

Education: \_\_\_\_\_

Work Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Board/Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(over)

In which of the following areas do you have experience and/or interest?

	Experience	Interest
Accounting/Fiscal Management	_____	_____
Fundraising/Development	_____	_____
Medical/Health Skills	_____	_____
Not for Profit Management	_____	_____
Education/Public Speaking	_____	_____
Legal	_____	_____
Human Resources/Personnel	_____	_____
Political Interests	_____	_____

Discuss your interest in serving on the Board of Directors.

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The Emma Goldman Clinic provides a full range of women's reproductive health services, including first and second trimester abortions. Please comment on your ability to support the Clinic's services and mission.

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