



# JFS Orlando

## Board and Committee Application Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Mobile/Cell ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Fax Phone ( ) \_\_\_\_\_

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

Spouse/Partner Name \_\_\_\_\_

I would prefer to receive notices via:  email  US mail  Text

Occupation/Profession \_\_\_\_\_

Company Name \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Synagogue/Church affiliation \_\_\_\_\_

Areas of expertise/contribution you feel you can make \_\_\_\_\_

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

**LOCAL COMMUNITY INVOLVEMENT**

Affiliation with Jewish Organization/Groups \_\_\_\_\_

\_\_\_\_\_

Affiliation with Other Community Groups/ Organizations \_\_\_\_\_

\_\_\_\_\_

**Interests/Hobbies/Other** \_\_\_\_\_

\_\_\_\_\_

Do you know any current Officers, Board Members or Professional Staff involved with JFS Orlando? \_\_\_\_ Yes \_\_\_\_ No

If yes, who? \_\_\_\_\_

\_\_\_\_\_

Why are you interested in our organization? \_\_\_\_\_

\_\_\_\_\_

It is important to note that the Agency's vital community services can only be accomplished through the funding from individuals and other agencies. In this regard, our Board Members are expected to financially support, to the best of their ability, the JFS Orlando Annual Campaign, and encouraged to support the Jewish Federation of Greater Orlando and the Heart of Florida United Way. Board members are required to adhere to the Give or Get policy.

Membership on the Board of Directors shall consist of elected Officers and elected Board Members. To serve as a Board Member, the following requirements must be met:

- a. Attend substantially all meetings of the Board. Three or more consecutive absences will subject the Director to removal. Meetings are held on the third Tuesday of each month at 6:30 PM at the JFS Orlando office.
- b. Familiarize themselves with Board policies and activities.
- c. Serve on at least one program and one fundraising committee.
- d. Attend Agency events.

e. Attain JFS Orlando Board approved "Give or Get" policy requirements - \$1,800.00 (per year), including a personal annual gift of at least \$500.00.

f. Represent JFS Orlando by participating in community activities.

g. Help secure new Board and Committee members.

**Consent to Nomination**

I agree to be considered for nomination to the Board of Directors of Jewish Family Services of Greater Orlando. I am aware of the financial contributions expected.

This is an application for nomination to the Board of Directors of JFS Orlando. The nominee must be approved by the JFS Orlando Board of Directors.

Signed: \_\_\_\_\_

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

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*All information provided in the preparation of this form will be kept in the strictest confidence and is only for the internal use of the Agency.*