



305 Boston Avenue
Stratford, CT 06614

Board of Trustees Application Form

Thank you for your interest in serving on the Board of Trustees of Optimus Foundation. Our mission is to fundraise in support of the patient-centered services provided by Optimus Health Care, Inc. We seek Board members from diverse backgrounds who can contribute their skills and expertise.

As a Trustee, you will attend quarterly meetings, serve on at least one committee, increase awareness of Optimus, and collaborate with leadership to implement our strategic plan. Board members are encouraged to contribute or fundraise \$5,000 annually.

Applicant Information

Name: _____
Home Address: _____
Home Phone: _____ Mobile: _____
Email: _____
Preferred Contact Method: _____

Personal Information

Race/Ethnicity: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African-American ☐ Caucasian ☐ Latino(a)/Hispanic ☐ Native Hawaiian/Other Pacific Islander ☐ Other:

Languages Spoken: _____

Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say ☐ Other: _____

Professional Information

Education (Degrees Completed): _____

Current Employer: _____

Industry: ☐ Corporation ☐ Government ☐ Nonprofit

Years of Experience: _____ Title: _____

Responsibilities: _____

Business Address: _____

Work Phone: _____ Fax: _____

Board Experience

Have you served on a board before? ☐ Yes ☐ No

If yes, please list:

- **Organization(s):** _____
- **Dates of Service:** _____
- **Roles & Responsibilities:** _____

Skills & Expertise

Please check all applicable areas: ☐ Financial Management ☐ Legal/Compliance ☐ Fundraising
☐ Strategic Planning
☐ Marketing/Communications ☐ Human Resources ☐ Technology ☐ Governance & Ethics
☐ Community Outreach ☐ Public Policy ☐ Community Organizing ☐ Other: _____

Motivation & Commitment

Why do you want to serve on this Board?

What skills or experiences will you bring?

Can you commit to attending quarterly board meetings? ☐ Yes ☐ No

Are you willing to support annual fundraising efforts? ☐ Yes ☐ No

Can you contribute or fundraise \$5,000 annually? ☐ Yes ☐ No

How much time can you commit monthly to Board activities?

☐ <5 hours ☐ 5–10 hours ☐ 10+ hours

Reference

Name: _____ **Relationship:** _____

Phone: _____ **Email:** _____

Declaration & Signature

I certify that the information provided is accurate. I understand that the Foundation may verify my credentials as part of the selection process.

Signature: _____ **Date:** _____