



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 monthly 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 \$1,000 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 monthly board meetings? Yes No

Are you willing to support annual fundraising efforts? Yes No

Can you contribute and/or fundraise \$1,000 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:** _____