The Joslyn Center
Board of Directors
Application

Board of Directors Application for The Joslyn Center

Thank you for your interest in serving on The Joslyn Center's Board of Directors. As a Board member, you will help guide the organization's strategic vision, ensure its financial sustainability, and support its mission of serving older adults in our community. Please complete the following application to be considered for Board service.

Applicant Information

Full Name:

Address: _____

City, State, ZIP: _____

Phone (Cell): _____

Phone (Work): _____

Email: _____

Professional & Community Experience

1. **Current Employer:** _____

   Position/Title: _____

2. **Briefly describe your professional background and experience** (attach resume/vita)**:**

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3. **Do you have experience serving on a nonprofit board?** ☐ Yes ☐ No If yes, please list the organization(s), your role, and years served:

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4. **Please describe any relevant volunteer or community service experience:**

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Skills & Expertise

Please check any areas where you have experience or skills that could benefit The Joslyn Center:

☐ Nonprofit Governance
☐ Fundraising & Donor Development
☐ Strategic Planning
☐ Financial Management / Accounting
☐ Marketing & Public Relations
☐ Legal / Compliance
☐ Event Planning
☐ Grant Writing
☐ Human Resources
☐ Technology / IT
☐ Healthcare / Senior Services
☐ Community Outreach
☐ Facilities Management
☐ Other (please specify):
_____

Board Commitment & Involvement

1. **Why are you interested in serving on The Joslyn Center's Board of Directors?**

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2. **Board members are expected to actively participate in board meetings, committee work, fundraising, and community engagement. Do you have the time and willingness to commit to these responsibilities?**

   ☐ Yes ☐ No ☐ Unsure (please explain): _____

3. **Are you willing to make a personal financial contribution to The Joslyn Center as part of your board service?** ☐ Yes ☐ No ☐ Would consider based on ability

4. **Do you have any potential conflicts of interest that we should be aware of?**

   ☐ No ☐ Yes (please explain): _____

Board Member Expectations

By submitting this application, I acknowledge that if selected, I will:

✓ Attend at least **75% of Board meetings** (held monthly on 4th Tuesday @ 3:30 pm).
✓ Serve on at least **one committee.**
✓ Participate in **fundraising efforts**, including attending key events whenever possible.
✓ Actively **support and promote** The Joslyn Center's mission and programs.
✓ Abide by the **Conflict-of-Interest Policy** and maintain **confidentiality.**

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References

Please provide the names and contact information for two references (professional or personal):

1. Name: _____

Relationship: _____

Phone: _____

Email: _____

2. Name: _____

Relationship: _____

Phone: _____

Email: _____

Signature & Acknowledgment

I certify that the information provided in this application is true and complete to the best of my knowledge. If selected to serve on The Joslyn Center Board of Directors, I agree to fulfill the responsibilities outlined above and act in the best interest of the organization.

Signature: _____

Date: _____

Printed Name: _____

Thank you for your application! The Board Governance Committee will review all applications and follow up with next steps. If you have any questions, please contact **Diane Sylvester, Finance and Operations Director at DianeS@JoslynCenter.org or 760-895-4650.**

(REV: 01/25,02/26)