



**Gilda's Clubhouse New York City**  
195 Houston Street  
New York, NY 11014-4872  
Telephone: (212) 647-9700 Fax: (212) 647-1154

*No One Should Face Cancer Alone*

## **Associate Board Member and Friends of the Associate Board Application**

Please forward all completed applications by fax or mail to Michelle Ramlochan or e-mail [mramlochan@gildasclubnyc.org](mailto:mramlochan@gildasclubnyc.org)

Please check the appropriate box:

- I would like to be considered as a prospect of the Associate Board (AB)\*:
- I would like to be a Friend of the Associate Board (FAB) **only**:

\*If the AB is currently at capacity and you wish to remain a prospect, you will automatically be moved to a FAB and then will be notified when an opening on the AB becomes available. If you reconsider your interest in the AB, please notify Michelle Ramlochan and we will remove your name from the list.

Name (Last): (First): Date of Birth:

Address: Apt. #

City: State: Zip:

Home Phone: Mobile Phone:

E-mail:

Place of Work/ Current Employer: Position Title:

May we contact you at work?  Yes  No Work Phone:

Industry/Business Type:

*\*\* Please attach a current resume.*

Emergency Contact: Relationship: Phone Number:

Have you had cancer or a personal connection with a person who had cancer?  Yes  No

*If yes, please briefly share your experience with us (types, dates, treatment).*

Please tell us about your qualifications and why you wish to be on the Gilda's Club NYC Associate Board.

Do you have previous Board Experience? Yes No

*If so, please explain your previous board experience (organization, dates of service, offices held, etc.)*

**Volunteer History:**

Please describe any previous volunteer experiences you have had:

*(Name of organization, type, role, dates of service, etc.)*

What principal skills/expertise do you/can you bring to a nonprofit board?

<input type="checkbox"/> Administration/ Management	<input type="checkbox"/> Grant Writing/Research	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Board Development	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> Clinical	<input type="checkbox"/> Kids & Teens	<input type="checkbox"/> Technology
<input type="checkbox"/> Cancer Survivor	<input type="checkbox"/> Foreign Languages	<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Education/Training	<input type="checkbox"/> Legal	<input type="checkbox"/> Writing/Communication
<input type="checkbox"/> Events Facilitation	<input type="checkbox"/> Marketing/Public Relations	<input type="checkbox"/> Other:
<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Networking/Contacts	<input type="checkbox"/> Other:
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Political/Government	<input type="checkbox"/> Other:

Do you have previous fundraising experience? Yes No

*If so, please describe your experience:*

Please list any languages you speak other than English.

Please list any special skills you'd like to share with us:

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*Completion of the following questions is voluntary. GCNYC will use the following information for grant and fundraising initiatives for statistical purposes only.*

How did you hear about Gilda's Club New York City?

Please Check One (Completion is voluntary)

- |   |   |  |                                    |
|---|---|--|------------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> American Indian/Alaskan Native   | <input type="checkbox"/> Asian/Southeast Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic/Latino  | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other                 |                                    |
| <input type="checkbox"/> Multi-Racial     |   |  |                                    |

By signing below, I consent for each of my references to be contacted as a personal or professional reference for me to be provided in confidence to Gilda's Club. I confirm that I have completed the member profile truthfully. I understand that I may be required to attend an orientation meeting and/or training session. If I choose to volunteer, a background check may be conducted.

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Signature \_\_\_\_\_

Date \_\_\_\_\_