## **Emma Goldman Clinic**

227 N. Dubuque St. Iowa City, IA 52245 (319) 337-2112

## PROSPECTIVE BOARD MEMBER INFORMATION

Thank you for your interest in contributing time and skills to the Emma Goldman Clinic. The information you provide is confidential. The Nominating Committee and Board of Directors will review the information. Please contact info@emmagoldman.com or by phone at the Clinic if you have any questions.

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In which of the following areas do you have experience and/or interest?

	Expe	erience	Interest
Accounting/Fiscal Management Fundraising/Development Medical/Health Skills Not for Profit Management Education/Public Speaking Legal Human Resources/Personnel Political Interests			
Discuss your interest in serving on the Board	l of Directors.		
The Emma Goldman Clinic provides a full raincluding first and second trimester abortions these services.	-		
The clinic also serves men and individuals we Please comment on your ability to support the	-	_	nder and sexuality.
Please list at least 3 references.  Name Phone	#		Email