

BELLA BOARD APPLICATION

Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms. **1 Peter 4:10**

Our mission is to serve those affected by unplanned pregnancy through caring support, education, and community outreach, while respecting all human life.

Dear candidate for Bella Board:

Thank you for your interest in serving on our Bella team. Bella is a 501(c)(3) non-profit corporation dedicated to helping individuals who may be facing an unplanned pregnancy or parenting young children under difficult or challenging circumstances. Our Bella family is dedicated to empowering the men and women we serve through medical services, education, and support services.

Bella is both a ministry and a business. We deliver services that exceed the gold standard of care. Services are provided by licensed medical professionals in our clinic, trained and highly competent support staff and volunteers. We not only care about serving our patients and clients with hearts full of compassion and love, but we also care deeply about the members of our Bella team, staff, and volunteers. All members of our team play a vital role.

As a member of the Board, you will go through a Board orientation which will include assigned education materials, training, attending one Board meeting, a tour of the facility, review of our website, and review of the Bylaws. Your social security number is required to process a background check. If you have any questions related to the application materials, please feel free to the office at (920) 231-6006



Formal Application

Name:	_ Date of Birth://					
Address:	_ City:Zip:					
E-mail:	_Phone:					
Married:Single:Divorced:(year)	Spouse Name, if applicable:					
Number of children:Ages:						
Education: High School: YES No Other						
Other Education:						
Areas of concentration:						
Present employer:	Occupation:					
Other previous work experience:						
Skills/Qualifications:						
List community service activities you are involved in or interests:						
List past or current volunteer/board experiences:						

Are you a Christian? Yes No Church:

What are your beliefs regarding life?

Have you had any experiences with adoption, abortion, unexpected/difficult pregnancy, etc.?

How did you hear about Bella?

What is your interest in joining the Bella Board?

Have you ever been arrested?_____List date and charge:_____

(Each circumstance will be evaluated on a case-by-case basis and your application will not automatically be denied.)

PERSONAL REFERENCES

Name:	Phone:
	_Email:
	Phone:
Relationship:	Phone:
Name:	Phone:
Relationship:	_Email:

I certify that all information in my application is true, complete, and correct to the best of my knowledge.

Areas of Experience

Please review the inventory below to help ascertain the wonderful gifts God has given you and how Bella can best utilize your skills and generous heart.

Professional:

Physician	_Nurse	Midwife	_RDMS/So	onographer	Attorney		
Minister	_Counse	or/Therapist	_Social Wo	orker	Accountant		
Grant Writer		Educator	_Fundraisi	ing/Events Coo	ordinator		
Other professional not listed							
Client Services	:						
Mentor	_Molly's	BoutiqueChildca	reF	Receptionist			
Group Facilitat	or	Donation sorting	_Donation	n pick-up and d	rop off		
Educator/Supp	oort:						
		Breastfeeding Class	F	Parenting Class			
					_Other		
_							
Marketing/Adv	vertising:						
Social Media		Newsletter Editor	(Graphic Design	Marketing		
Advertising		Community Outreach					
Community Re		-					
					_Walk for Life		
Bella Banquet	Team	Speaking Engag	ements		_		
Facility Suppor							
		Grounds Mainte					
Plumbing		Heating and Electrical	F	ainting/Repair	·S		
Church Partne	r Engager	nent:					
			lanning	Prayer	Team Organizer		
Church Partner Coordinator Event Planning Prayer Team Organizer Speaking Engagements							
	-						
Translator:							
Language:							
Other Services	:						

Please describe any other areas of expertise or types of service you would be willing to provide: