

FRANCISCAN MINISTRIES BOARD

Board of Directors Application Form

Personal Information

Name (First, Middle, Last): Elaine L. Ward			
Street Address: 3643 Archer Ave			
City: Cincinnati	State: OH	Zip: 45208	
Home Phone: n/a		Cell Phone: 513-706-2559	
Home Email Address: elward@fuse.net			
Prefer mail sent to:	Home Email_X__	Work Email__	Other (specify): _____

Current Employment Information

Occupation:	Retired		
Current Position:			
Current Employer:			
Hire Date:			
Current Employer Street Address:			
City:	State:	Zip:	
Work Phone:	Cell Phone:		
Work Email Address:			

Past Employment Information and experience

<i>Next Most Recent</i>	
Name of Employer: Franciscan Ministries, Inc.	Position: Executive Director
<i>Length of Employment</i>	
From: (mm/year) 1/2016	To: (mm/year) 1/2022
<i>Other</i>	
Name of Employer: 4C for Children	Position: Chief Operating Officer
<i>Length of Employment</i>	
From: (mm/year) 1/1988	To: (mm/year) 11/2015

Present or Past Affiliations with Not for Profit Organizations

Organization: Save the Animals Foundation	Role: Board Member	When: current
Organization: Knox Presbyterian Church	Role: Elder	When: 2015-2018
Organization: NACCRRRA (a national child care org)	Role: Board Member	When: 2013-2015

Areas of Knowledge

Please mark (X) all items that apply to you.

Board Development & Training	X	Medical/Health Care	
Building Trades/Physical Plant		Personnel Management	X
Community Resources	X	Public/Community Relations	X
Cultural Diversity		Public Speaking	
Economic Development		Research/Program Evaluation	
Education	X	Strategic Planning	X
Fundraising	X	Other Skill Areas (please	
Financial Management	X	a.	
Law/Legal Affairs		b.	

Areas of Influence & Contacts

Please mark (X) all areas in which you have particular influence.

Corporate Sector		Social Service	X
Cosmetology		Religious Community	
Elder Care		Senior Care	
Financial Community		Small Businesses	
Foundations		Youth/Young Adults	
Government		Other Areas (please specify):	
Medical Community		a.	
Neighborhood Agencies		b.	

Highest Level of Education/Training Completed

H.S./GED:____ Some College:____ Bachelor's:____ Master's: __X__ Other:____

Name of Degree or Other Training:
MS Counseling

Voluntary Demographic Information

The following information is requested in an attempt to insure that our Board Profile meets our 990 requirements. Volunteers are considered for the Board without regard to race, color, religion, sex, national origin, age, disability or marital status. The information you provide is optional.

Gender:		Birth Date:			
Female __X__ Male____		9/10/56			
Race:	Asian____	Black____	Native American____	White __X__	Other____
Ethnic Origins:	Appalachian __X__		Hispanic____	Other____	

Connection with Franciscan Ministries Inc. or the Franciscan Sisters of the Poor

1. How did you become acquainted with the Franciscan Ministries Inc. or Franciscan Sisters of the Poor?

I am a former executive director of FM. I continue to be a supporter of the organization and the work of the Sisters.

2. Please describe why you would like to serve on the Franciscan Ministries Board of Directors.

I feel a connection and commitment to FM, even after retiring. I was very invested in our work and in achieving our goals. I want to help in any way I can to ensure the organization's future success.

 12/8/23

Signature of Applicant

Date

Thank you for taking time to complete this application.

Please return to:

***Franciscan Ministries, Inc.
110 Compton Road
Cincinnati, OH 45215***

Tel: 513-761-1697

Or by email:

info@FranciscanMinistriesInc.org