FRANCISCAN MINISTRIES BOARD

Board of Directors Application Form

Personal Information	on					
Name (First, Middle, Last	t): Michael N. Ba	amett				
Street Address: 6058 Cook	Road					
City: Milford St		State: Ohio			Zip: 45150	
Home Phone: 513-834-2046			Cell Phone: 513-834-2046			
Home Email Address: grily	@mail.com					
Prefer mail sent to:	Home Email_	<u>x</u>	Work Email	O	ther (specify):	

Current Employ	nent Infor	mation		MANAGEMENT OF MARCH
Occupation:	attorney			
Current Position:	Senior Counsel			
Current Employer:	The Western and Southern Life Insurance Company			
Hire Date:	October, 1999			
Current Employer Street Address:	400 Bro	adway, MS 32		
City: Cincinnati	State: Ohio			Zip: 45202
Work Phone: 513-629-1473		Cell Phone:		
Work Email Address:	michael.ba	arnett@WSLife	.com	

Past Employment Information and exper	ience
Next Most Recent Name of Employer:	Position:
Length of Employment From: (mm/year)	To: (mm/year)
Other	
Name of Employer:	Position:
Length of Employment	
From: (mm/year)	To: (mm/year)

Present or Past Affiliations with Not for Pr	ofit Organizations	
Organization: Franciscan Ministries	Role: Board	When: 2017-22
Organization: Churches Active in Northside	Role: Board and President	When: 2015-22
Organization:	Role:	When:

Areas of Knowledge Pleas	e mark (X)	all items that apply to you.	
Board Development & Training		Medical/Health Care	
Building Trades/Physical Plant		Personnel Management	
Community Resources		Public/Community Relations	
Cultural Diversity		Public Speaking	x
Economic Development		Research/Program Evaluation	
Education		Strategic Planning	x
Fundraising		Other Skill Areas (please specify):	
Financial Management		a.	
Law/Legal Affairs	x	b.	

Areas of Influence & Con		in which you have particular influence.
Corporate Sector	x	Social Service
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 Leve	el of Education/Tra	ining Completed		
H.S./GED:	Some College:	Bachelor's:	Master's:	Other:_x_
Name of Degree	or Other Training:			
	J	uris Doctor		

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_ Male_x_ 3-18-63 Race: Asian_ Black White_x_ Native American_ Other_ **Ethnic Origins:** Appalachian_ Other_ Hispanic_

Connection with Franciscan Ministries Inc. or	the Franciscan Sisters of the Poor
1. How did you become acquainted with the Franciscan N Poor?	linistries Inc. or Franciscan Sisters of the
Sister June Casterton	
2. Please describe why you would like to serve on the Fra	anciscan Ministries Board of Directors.
Strong supporter of work and programs.	
Mulu M Buch	9-25-23
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