



Transgender Community Advisory Board Application

All information is confidential.

Preferred Name: _____

Contact Name (if different): _____

Phone number: _____

Email: _____

How you identify your gender/gender identity:

Age: _____

Race/Ethnicity: _____

1. Are you a Callen-Lorde patient?

If YES, for how long? _____

If NO, what is your interaction or interest in working with Callen-Lorde?

2. Have you served as a volunteer at Callen-Lorde in any capacity in the past?
(circle one) Yes No

If YES, please describe:

3. Why are you interested in volunteering for the Trans CAB?

4. What do you feel you would add to the CAB and what do you hope to gain from it?

5. Will you be able to attend at least 8 meetings a year?

6. Any other comments:

Thank you for your interest! Please return this application to Nathan Levitt, Community Education Coordinator at NLevitt@callen-lorde.org or you can bring it to Callen-Lorde and drop it off at the front desk in an envelope for Nathan Levitt.