



APPLICATION for MEMBERSHIP: COMMUNITY ETHICS COMMITTEE
Harvard Medical School, Center for Bioethics

Name

Address

Phone numbers

E-mail

Religious affiliation

Cultural, ethnic or language group

Education – highest degree

Age

Why do you want to be on a Community Ethics Committee?

What is your experience with medicine and doctors?

Would you be able to meet monthly in Boston on Thursday evenings from 6 to 9 PM?

Would you be able to attend the Harvard Bioethics Course to be held in Boston in June?

References (names of two people who know you and can speak to your character):

Name

Phone number and/or Email address

Name

Phone number and/or Email address

If interested, please email your application to:

Carol Powers

carollpowers@gmail.com