

Board Application

1. Candidate Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

2. Current position/employer: _____

3. Relevant experience please attach resume.

4. Please circle area(s) of expertise/contribution you feel you can make to further the mission of Hospice of the Highland Rim Foundation, Inc.

Fundraising	Strategic Planning
Public Awareness	Public Awareness
Special Events	Technology

Other professional expertise I would like to bring to HHRF Board: _____

5. Please list prior experience serving as a Board member for other non-profit organizations.

6. Why are you interested in serving as a Board Member for Hospice of the Highland Rim Foundation, Inc.?

7. What other volunteer commitments do you currently have?

8. Please share any other information you feel important for consideration of your application to serve as an HHRF Board member.

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For Board Use Only:

_____	Nominee has had a personal meeting with either Executive Director, Board Chair, or other Board member.	Date: _____
_____	Nominee reviewed by the committee.	Date: _____
_____	Nominee proposed to the Board.	Date: _____
_____	Board action	Elected Rejected Date: _____