



Board Member Application

Date: _____

Name: _____

Mailing Address: _____

City: _____ State/Zip: _____

Home Phone: _____ Mobile: _____

Email: _____

Driver's License Number: _____ State issued: _____

Date of Birth: _____ Place of Birth: _____

Nominated by: _____

Occupation: _____ Job Title: _____

Current Employer: _____

Employer Address: _____

City: _____ State/Zip: _____

Business phone: _____

Business Email: _____

Areas of Expertise you bring to the board (Please check one or more):

Accounting/CPA Legal Banking/Controller

Strategic Planning Fundraising Medical/Health

Other: _____



1. Please briefly describe why you would like to volunteer to serve on the Board:

2. Please briefly describe your academic and professional background, and other relevant experience (include any degrees or other professional titles you hold):

3. Please briefly outline the specific skills you bring, or contributions you hope to make to the Board:

4. Please list any other clubs, boards or professional organizations you are involved with (or have been involved with in the last 5 years) and specify your positions and years of service. (Attach additional sheet if necessary):

5. If you are a medical provider, lawyer, CPA or hold another type of professional license, please provide the following information:

Type of License	State	License Number	Issue Date	Expiration



I am applying for a position on the Board of Directors of Circle of Hope Health Care Services, Inc. I understand that there are meeting attendance and active participation requirements, including at least four meetings per year, at which attendance is required. One of which will be an in-person meeting, if warranted and appropriate. Additional emergency meetings may be called as needed and attendance is required. Attendance at and support (monetary or in-kind) of Circle of Hope events, fundraisers and other board functions is required.

I hereby certify that all the information contained herein is true and correct to the best of my knowledge.

Signature

Date

Printed Name

*****Please attach a current copy of your curriculum vitae and/or resume.*****

