



Board of Directors Candidate Application

Date _____

Name _____

_____ (Last) (First) (Middle)

Address _____

Phone _____ E-mail _____

Preferred method of contact () Email () Telephone () Other _____

Why do you wish to become a board member for Visiting Nurse Home & Hospice?

Have you ever volunteered with the Visiting Nurse Home & Hospice? If yes, please explain.

Board meetings are monthly on the last Tuesday of the month from 5:00 to 6:00PM; would you be able to attend at least 80% of the meetings? Note: you are able to attend meetings via teleconference or Skype as well. Yes_____ No_____

If you have any concerns with attendance, please explain why.

Are you currently employed? Yes_____ No_____

Please attach your current resume to provide your professional experience. If you do not have a resume, please provide details on your current and/or past experience.

Please list boards and committees that you serve on, or have served on (business, civic, community, political, professional, recreational, social, and any others you would like to mention).

Organization

Role/Title

Dates of Service

Education/Training/Certificates

Optional – Have you received any awards or honors that you would like to mention?

How do you feel Visiting Nurse Home & Hospice would benefit from your involvement on the Board?

Skills, experience and interests (Please circle all that apply)

Finance, accounting

Personnel, human resources

Administration, management

Nonprofit experience

Community service

Policy development

Program evaluation

Public relations, communications

Education, instruction

Special events

Grant writing

Fundraising

Outreach, advocacy

Other _____

Other _____

Other _____

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of Visiting Nurse Home & Hospice.

Please tell us anything else you would like to share.

Thank you very much for interest and applying.