# **Board of Directors** Application Form

Mee Memorial
HOSPITAL FOUNDATION

Thank you for your interest in joining a nonprofit Board!
Use this form to provide useful information about yourself, to ensure the best match between you and the company that might want to consider you for its Board of Directors. The following information will be shared:

Your name: _____

Your home phone number: _____ Cell number: _____

Your address: _____

Your email address (please write it carefully): _____

Briefly describe why you would like to join our Board of Directors: _____

_____

_____

_____

_____

Your current organizational affiliations (names of the organization and your role(s):

1. _____

2. _____

3. _____

2. _____

Which of your skills would you like to utilize on the Board? Check those that apply:

- ☐ Board development
- ☐ Strategic planning
- ☐ Staffing / HR
- ☐ Program development
- ☐ Financial management
- ☐ Fundraising
- ☐ Evaluation
- ☐ Community networking
- ☐ Training
- ☐ Marketing
- ☐ Volunteer management
- ☐ Facilities management

Other skill(s) of yours that you would like to utilize?_____

What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.? _____

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

☐ Yes ☐ No ☐ Perhaps