

Hospice of Montezuma

BOARD MEMBERSHIP CANDIDATE FORM

Name: _____ Home Phone: _____

Home Address: _____

Mailing Address: _____

Work Address: _____

Work Phone: _____ Work Fax: _____

E-mail Address: _____

Occupation: _____

Education/Training: _____

What is your experience/understanding of the hospice philosophy? _____

Principal reasons for wanting to serve on the Hospice of Montezuma Board of Directors: _____

Background, experience that would be of benefit to the Hospice of Montezuma program: _____

Current or past service on other Boards of Directors: _____

Other memberships, volunteer activities: _____

I have specific expertise in the following areas:

- | | |
|---|--|
| <input type="checkbox"/> Strategic/Long-term planning | <input type="checkbox"/> Publicity/Fundraising |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Finance/Budget |
| <input type="checkbox"/> Non-Profit Management | <input type="checkbox"/> Hospice Consumer Family |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Legal/Regulatory |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Entrepreneurial | <input type="checkbox"/> Problem-Solving |

When was the most recent loss you experienced? _____

If this was a death, what was your relationship to the deceased? _____

How many hours per week can you devote to board membership for Hospice of Montezuma? _____

Are you willing to make a 2 or 3-year commitment to the Board of Hospice of Montezuma? _____

Prospective Board Members will be selected to fill vacancies without regard to race, color, religion, sex, national origin or marital status.

Signature: _____

Date: _____