



BOARD OF DIRECTORS APPLICATION

Board of Directors Application

Personal Information

Full Name: Last First M.I.

Address: Street Address Apartment/Unit # City State ZIP Code

Home Phone: Alternate Phone:

Email:

Current Occupation:

Education Level (high school, college, trade school, graduate school):

Interest and Expertise

Please mark those area(s) of expertise/contribution you feel you can make to further the mission of Essential Health Clinic:

- Business/Corporate Human Resources Strategic Planning
Education Public Relations/Marketing Legal
Fundraising Non-Profit Management Health Services
Finance/Accounting Information Technology Government





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Please summarize your current/previous community/volunteer involvement:

Explain why you are interested in serving as a board member for Essential Health Clinic?

I attest that the information I have provided is accurate and that by providing this information, I am expressing an interest in serving as a voluntary member of the Board of Directors for Essential Health Clinic. Applications will be reviewed by a selection committee and those best matching our needs will be interviewed. I am willing to commit my time, energy and passion to Essential Health Clinic.

Signature: _____ Date: _____

