



Your Journey. Your Terms. Our Expertise.

**Board of Directors Application**

*(Please complete entire form. Thank you)*

Name: \_\_\_\_\_

Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Check (Work\_\_\_ / Home\_\_\_ )

Phone (W): \_\_\_\_\_ Phone (H): \_\_\_\_\_

E-mail: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation / Title: \_\_\_\_\_

Please summarize your experience with Harbor Hospice and explain why you are interested in serving as a board member: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your experience level in the following areas:

\_\_\_ Organization/Financial Management and Development

\_\_\_ Health Care Program Knowledge

\_\_\_ Business/Corporate Experience

\_\_\_ Finance

\_\_\_ Fundraising experience and/or ability to reach others as donors

\_\_\_ Law

\_\_\_ Marketing/Public Relations

\_\_\_ Personnel/Human Resource

\_\_\_ Residential Care/Services

\_\_\_ Pastoral Care

\_\_\_ Past Consumer of Hospice services

\_\_\_ Other \_\_\_\_\_

For those items you check as "very" or "some", please provide details: \_\_\_\_\_

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If there are any additional skills or areas of expertise that you have that you feel would support our vision and values of Harbor Hospice, please explain: \_\_\_\_\_

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If not described above, please outline your experience working on boards and/or other experience in community service. Please indicate whom we may contact for information about your performance in these positions: \_\_\_\_\_

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***Thank you for your interest in joining the Harbor Hospice Board of Directors!***



President & CEO

Completed forms, email to Richard Vanderputte-McPherson [RVanderputte@HarborHospiceMI.org](mailto:RVanderputte@HarborHospiceMI.org)

Or mail to:

**Harbor Hospice, Attn: Board Application, 1050 W. Western Ave. Suite 400, Muskegon, MI 49441**