



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 check area(s) of expertise/contribution you feel you can make to further our mission:

___ 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 checked, please provide details:

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:

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:

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



President & CEO

Completed forms and resume, please email to info@HarborHospiceMI.org

or mail to:

Harbor Hospice and Harbor Palliative Care

Attn: Executive Assistant

1050 W. Western Ave. Suite 400

Muskegon, MI 49441