

Foundation 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 employement:	
Occupation / Title:	
Please check area(s) of expertis	e/contribution you feel you can make to further our mission:
Fundraising	
Special Events	
Donor Development/Relati	ions
Policy Development	
Strategic Planning	
Business/Corporate	
Finance	
Law	
Personnel/Human Resource	re e
Health Care Program Know	wledge
Marketing/Public Relations	

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 suppor our vision and values of the Harbor Hospice Foundation, 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 Foundation Board of Directors!
Susan Houseman,
President & CEO
Completed forms and resume, please email to Richard Vanderputte-McPherson at

Or mail to:

RVanderputte-McPherson@HarborHospiceMl.org

Harbor Hospice Foundation, Attn: Richard, 1050 W. Western Ave. Ste 400, Muskegon, MI 49441