

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	se/contribution you feel you can make to further our mission:
Fundraising	
Special Events	
Donor Development/Relat	iions
Policy Development	
Strategic Planning	
Business/Corporate	
Finance	
Law	
Personnel/Human Resource	ce
Health Care Program Kno	wledge
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<u> </u>	Past Consumer of Hospice services
<u> </u>	Other
Fo	or those items you checked, please provide details:
	there are any additional skills or areas of expertise that you have that you feel would suppor ur vision and values of the Harbor Hospice Foundation, please explain:
ex	not described above, please outline your experience working on boards and/or other xperience in community service. Please indicate whom we may contact for information bout your performance in these positions:
Suc	ou for your interest in joining the Harbor Hospice Foundation Board of Directors! an Houseman
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Completed forms and resume, please email to Richard Vanderputte-McPherson at RVanderputte-McPherson@HarborHospiceMl.org

Or mail to:

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