



Board of Directors Candidate Application

PERSONAL INFORMATION

Name _____

Address _____

City, State, ZIP _____

Home phone _____ Cell phone _____

Preferred email address _____

Secondary email address _____

EMPLOYER / FORMER

If retired or unemployed, please indicate the type of business most relevant to your career work and your role(s) within those.

Employer name _____

Address _____

City, State, ZIP _____

Work phone _____

Type of business _____ Your title _____

Description of your work _____

Preferred phone contact: Home Cell Work | Preferred mailing address : Home Work

Professional reference _____

Phone _____ Email _____

COMMUNITY INVOLVEMENT

Please list other civic, community, or professional organizations to which you belong.

Organization	Role/Title	Years Involved



MISSION HOSPICE
& HOME CARE

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

INTERESTS

Please indicate your special interests.

- | | |
|--|--|
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Administration/Management |
| <input type="checkbox"/> Policy or Policy Development | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Business Development/Growth |
| <input type="checkbox"/> Public Relations/Communications | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Government |
| <input type="checkbox"/> Health Insurance/Contracting | <input type="checkbox"/> Regulatory Compliance |
| <input type="checkbox"/> Outreach or Advocacy | <input type="checkbox"/> Other: _____ |

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Director, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name _____

Signature _____ Date _____

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in serving on the Board of Directors of Mission Hospice.

Submit your application to:

Mission Hospice & Home Care, Office of the CEO
66 Bovet Rd. Suite 100, San Mateo CA 94402
EMAIL: dcovolo@missionhospice.org
FAX: 650.554.1001