**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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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.

⬜ Finance/Accounting ⬜ Administration/Management

⬜ Policy or Policy Development ⬜ Human Resources

⬜ Program Evaluation ⬜ Business Development/Growth

⬜ Public Relations/Communications ⬜ Real Estate

⬜ Special Events ⬜ Strategic Planning

⬜ Fundraising ⬜ Government

⬜ Health Insurance/Contracting ⬜ Regulatory Compliance

⬜ Outreach or Advocacy ⬜ 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

1670 S. Amphlett Blvd. #300, San Mateo CA 94402

**EMAIL**: dcovolo@missionhospice.org

**FAX**: 650.554.1001