



HOSPICE
OF
HUMBOLDT

**Prospective Board Candidate
Interest Survey**

Name: _____ Date: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____

E-mail: _____

Current employment: _____

Why are you interested in being on the Hospice Board?

Do you have experience sitting on a nonprofit Board? YES NO (previous Board experience is not required.) If so, please describe, including committee work:

What experience or strengths would you bring to the Hospice Board?

What civic or community organizations are you currently or have been a member?

Is there a particular aspect of the Hospice Board work you are interested in?

The Hospice Board meets on the second Tuesday evening of each month for approximately two hours. Most committees meet monthly for one hour. Every Board member is expected to read packets of information prior to each Board or committee meeting, attend Board meetings and serve on one committee. Are you able to commit to this amount of time? YES NO

If you are not able to commit now, would you like us to keep you in mind for future Board openings? YES NO

Signature