

Comfort through the Journey



Caring since 1986

Application for Potential Board and/or Committee Member

Name

First

Last

Date

Contact Info

Mailing Address

City

State

Zip

E-Mail Address

Phone Numbers

Home #

Cell #

Work #

Fax #

Other

Employment

Current Employer

Occupation/Title

Prior Employment Experience(s)

Volunteer Experience(s)

Questions

How did you hear about Pine Tree Hospice?

Are you interested in serving on the PTH ... Board Committee(s) Other

When would you be available to serve on the PTH Board and/or Committee(s)?

Why would you like to serve on the PTH Board and/or Committee(s)?

Yes No

Would you be available to attend a 20-hour Training Session (usually held over several evenings in the fall)?

Yes No

Are you able to make a three-year commitment to PTH?

Yes No

Have you experienced a major loss or grief in your life?

References (2)

Name	Relationship	Phone #

Volunteerism

Volunteer role(s) other than direct care that I would consider ~ Skill(s)/Expertise that I can contribute:

- | | | | | |
|---|--|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Librarian | <input type="checkbox"/> Publicity | <input type="checkbox"/> Computer | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Marketing | <input type="checkbox"/> Administrative | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Board Member | <input type="checkbox"/> Media | <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Government |

Other area(s) of expertise

Referral(s)

Please list anyone you think might be interested in being affiliated with Pine Tree Hospice and should be contacted.

Thank You !

Name	Relationship	Phone #

- Please attach a separate sheet to elaborate on any of the questions above or to offer additional information about yourself.
- Please attach your current resume.
- Please complete the Board Profile form on pages 3-4.

Please return this completed form with attachments to the address below.

If you have any questions, please call 564-4346 or e-mail wecare@pinetreehospice.org.

Thank you for your interest in Pine Tree Hospice.

