



Board Application

Thank you for your interest in the board of directors of Haven of Hope. Please complete the following questionnaire so that we can make the best use of your talents and expertise and offer you the most rewarding experience as a member of the board.

Name _____

Business Affiliation/Title _____

Mailing Address _____

Business phone _____ Home phone _____

Fax _____ Email _____

Please check the education or skills you will contribute to the board:

- | | | |
|---|--|---|
| <input type="checkbox"/> accounting/financial | <input type="checkbox"/> management | <input type="checkbox"/> public relations |
| <input type="checkbox"/> investment | <input type="checkbox"/> marketing | <input type="checkbox"/> fundraising |
| <input type="checkbox"/> special events | <input type="checkbox"/> community relations | <input type="checkbox"/> lobbying |
| <input type="checkbox"/> education | <input type="checkbox"/> training | <input type="checkbox"/> strategic planning |
| <input type="checkbox"/> public speaking | <input type="checkbox"/> other _____ | |

What is your experience as a member of other boards of directors?

Will you attend regular board meetings and special meetings? yes no

How many hours a month can you serve this agency?

Will you attend a new member orientation? yes no

Will you attend the annual board retreat? yes no

Will you commit to an annual financial commitment of \$ _____? yes no

Why do you want to become a member of this agency?

Please provide references (use the back of this questionnaire)