



Helping families in crisis rebuild their lives.

Board Application Form

Name: _____ Telephone (home): _____

Address: _____ Telephone (work): _____

_____ E-mail address: _____

Relevant Community experience and/or employment (attach resume if desired):

Why are you interested in serving on the HOPE Coalition Board of Directors?

Area(s) of expertise/contributions you feel you can offer as a HOPE Coalition Board Member:

Other current volunteer commitments:

HOPE Coalition Board Member terms are three years and Board Members may serve up to two terms. Are you willing and able to commit to at least one term on the Board?



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For Board Committee Use Only

_____ Nominee has had a personal meeting with the HOPE Board President, HOPE Executive Director, or other Board Member. (Date: _____)

_____ Nominee application was reviewed by Board Committee. (Date: _____)

_____ Nominee has attended a HOPE Board Meeting. (Date: _____)

_____ Nominee was interviewed by the HOPE Board of Directors. (Date: _____)

Action taken by the HOPE Board of Directors: