



Board Member Application

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Occupation: _____

Recent/Current Volunteer/Board Service: _____

Hobbies/Interests: _____

Your Availability to Serve:

Can you regularly attend semi-monthly board meetings? _____ Yes _____ No

Would you participate in raising funds? _____ Yes _____ No

Would you attend an orientation for new board members? _____ Yes _____ No

What skills/knowledge could you contribute to the board? (Please check all that apply)

- | | | |
|--------------------------|-------------------------------|-----------------------------|
| _____ Finance/Accounting | _____ Fundraising | _____ Marketing/Advertising |
| _____ Legal | _____ Health/Medical Services | _____ Education/Training |
| _____ Social Services | _____ General Management | Other _____ |

Signature: _____ Date: _____

Please return this application to the address below or by email to hope@hopemedicalwa.com

Providing FREE pregnancy & ultrasound testing and information on abortion alternatives.