



BOARD OF DIRECTOR / COMMITTEE MEMBER APPLICATION

I am submitting this application for consideration to serve on

- Portage Health Foundation Board of Directors
- Portage Health Foundation Committee – Indicate what committee you are interested in becoming a member:
 - Finance/Investment
 - Fund Development
 - Personnel

Name: _____ Date of Application: _____

Address: _____

Telephone Nos. _____ E-mail Address: _____

Length of time you have been a resident in any of the counties served by Portage Health Foundation:

- Baraga
 - Houghton
 - Keweenaw
 - Ontonagon
- _____ years _____ months

In lieu of answering the next four questions, please feel free to attach a résumé.

Occupational Background: _____

Educational Background: _____

Current and Prior Board or Board Committee Service:

<u>Organization Name</u>	<u>Scope</u>	<u>Organization Type*</u>	<u>Dates Served</u>

*Organization Type: Non-Profit, For Profit–Public, For Profit-Private

If you chaired any of the boards or committees above, or served in another position, list the leadership position and duration of appointment.

<u>Organization Name</u>	<u>Position</u>	<u>Duration of Appointment</u>



Name: _____ Date of Application: _____

Indicate what special skills, talents, educational background or experiences qualify you to serve on a Portage Health Foundation committee:

- | | | |
|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Education | <input type="checkbox"/> Labor Relations |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Executive Experience | <input type="checkbox"/> Law |
| <input type="checkbox"/> Business Experience | <input type="checkbox"/> Fund Development | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Granting | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Investments | <input type="checkbox"/> Public Service |

What would your interests be as a member of the Portage Health Foundation Board of Directors/Committee?

What would your strengths be as a member of the Portage Health Foundation Board of Directors/Committee?

Why do you want to be a member of the Portage Health Foundation Board of Directors/Committee?

Are you related to, or otherwise closely associated with anyone now employed by the Portage Health Foundation? Yes No If yes, who? _____

Are you related to, or otherwise closely associated with anyone who is currently serving on the Portage Health Foundation Board of Directors? Yes No If yes, who? _____

Are you related to, or otherwise closely associated with anyone who is currently serving on a Portage Health Foundation committee? Yes No If yes, who? _____

Are you aware of any potential conflict of interest that may arise from your serving on the Portage Health Foundation Board or on a committee? Yes No If yes, please explain: _____

List three local references that can attest to the information provided:

Name: _____ Relationship: _____ Telephone(s) _____

Name: _____ Relationship: _____ Telephone(s) _____

Name: _____ Relationship: _____ Telephone(s) _____

Name: _____	Date of Application: _____
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I hereby certify that all information in this application is true and complete. Permission is granted to the Portage Health Foundation to verify any information provided on this and any attached documents for purposes of my appointment to the Portage Health Foundation Board of Directors or to a committee. I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions.

Printed Name of Applicant

Date

Signature of Applicant

**The Directors of the Portage Health Foundation and committee members
serve without monetary compensation.**

Please return your completed application to:
Portage Health Foundation, 400 Quincy Street, PO Box 299, Hancock, MI, 49930

