



Board Member Application

Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

What skills and knowledge are you willing to bring to our board? Please indicate your experience in the following areas:	Very experienced	Some experience
Strategic planning		
Fundraising		
Board development (recruitment, training, evaluation)		
Program planning and evaluation		
Financial management and control (budgeting, accounting)		
Communication, public and media relations		
Participation in interagency committees		
Public speaking		
Organizational development		
Information technology (computers)		
Writing, journalism		
Special events (planning and implementing)		

For the items you checked as "very experienced" or "some experience", please elaborate. (feel free to add additional pages)

Are you or any of your family members presently a patient of Alexander Valley Healthcare? YES NO

Do you have any experience as a volunteer board member? If so, what type of nonprofit organization? YES NO

Please list two personnel references.

1) _____

2) _____

Signature

Date

Should you have any questions please feel free to contact, Debbie Howell, CEO at 707-669-1777 (direct line) or dhowell@alexandervalleyhealthcare.org