



BOARD OF DIRECTORS APPLICATION

Date: _____

Name: _____

Home Address: _____

Home E-Mail Address: _____

Home / Cell Telephones _____ | _____

Employer: _____

Position: _____

Work Address: _____

Work E-Mail Address: _____

Work / Fax Telephones: _____ | _____

Thank you for your interest in becoming a member of the Indiana Family Health Council Board of Directors. Board Membership is for three consecutive, two-year terms. The Board currently meets six times per year: every odd-numbered month on the third Wednesday of the month at 11 a.m. Eastern, and committees meet at 10 a.m. Eastern on the same day as the Board meeting.

1. The mission of the Indiana Family Health Council (IFHC) is to facilitate, promote, and advocate healthy outcomes for individuals, families, and communities for those Hoosiers in need. What interests you about that mission? How do you think you can help IFHC build with its mission?

2. Please circle any of the following skills or experience you have that could advance the mission of the Indiana Family Health Council:

- a. Finance, accounting
- b. Grant writing
- c. Fundraising and special events
- d. Public relations, communications
- e. Management, administration
- f. Nonprofit experience
- g. Contacts, networking
- h. Medical, health care

i. Other _____

j. Other _____

3. What connections in the community do you have that could assist IFHC?

4. Have you served on a board of directors previously? If yes, what Boards were they?

5. What other organizations do you belong to (e.g., membership, professional, civic)?

6. What is your fundraising experience?

7. Do you have any familial or working relationships with either IFHC or its Sub-Grantees?

Please attach your resume and return application to IFHC
c/o Debra Stoehr: debra.stoehr@ifhc.org or mail to address on first page.