

BOARD OF DIRECTORS APPLICATION

Date:	
Home E-Mail Address:	
Employer:	
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 two consecutive, three-year terms. The Board currently meets six times per year. Committees meet at times designated by the Chair.

- 1. The Indiana Family Health Council (IFHC) exists to advance health equity by facilitating, promoting, and advocating for all individuals, families, and communities regardless of ability to pay.
- 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 your application to IFHC c/o Heather Wallace-George (<u>heather.george@ifhc.org</u>) or mail to 2960 N. Meridian St., Suite 230, Indianapolis, IN 46208