



**Application
To the Board of Directors
HOPE Center**

Name: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Address: _____

E-mail: _____

How familiar are you with HOPE Center's mission?

Please read the enclosed information about HOPE Center. What strengths and skills could you contribute to our Board?

On what other boards have you served? _____

Charitable or community activities in which you have been involved (attach additional sheet if needed. Please include name, dates of term, offices held, and committee work).

Could you attend board meetings every other month? _____ Yes _____ No

All HOPE Center board members are requested to serve on a HOPE Center committee such as finance, fundraising or marketing. Are you willing to serve on one committee? Yes No

Conflicts: _____

Would you attend a 2-3 hour training session for new board members? Yes No

Will you be able to give a one or two year commitment to the Board of Directors? Yes No

Describe any experience you have had that pertains to the mission of HOPE Center.

What is your interest in HOPE Center?

References (list names, addresses and phone numbers):

I verify that the above information is true.

Signature

Date

Return form to: Board Chair, HOPE Center, 303 1st Ave NE #365, Faribault, MN 55021
Phone: (507) 332-0882 Fax: (507) 332-6999