

Pine Tree Hospice

Comfort through the Journey

Caring since 1986

Application for Potential Board and/or Committee Member

Name _____
First Last Date

Contact Info _____
Mailing Address City State Zip Email

Phone Numbers _____
Home # Cell # Work # Fax # Other

Employment _____
Current Employer Occupation/Title

Prior Employment Experience(s)

Volunteer Experience(s)

Questions _____
How did you hear about Pine Tree Hospice?

Are you interested in serving on the PTH..... Committee Board Other

When would you be available to serve on the PTH Board and/or Committee(s)

Why would you like to serve on the PTH Board and/or Committee(s)

_____ Yes No
Would you be able to attend s 20-hour Training Session (usually held over several evenings in the fall)?

_____ Yes No
Are you able to make a three-year commitment to PTH?

_____ Yes No
Have you experienced a major loss or grief in your life?

References (2) _____
Name Relationship Phone #

Name Relationship Phone #

Volunteerism

Volunteer role(s) other than direct care that I would consider - Skill(s)/Expertise that I can contribute:

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Media | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Board Member | <input type="checkbox"/> Computer | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Publicity | <input type="checkbox"/> Administrative | <input type="checkbox"/> Government |
| <input type="checkbox"/> Librarian | <input type="checkbox"/> Marketing | <input type="checkbox"/> Clerical/Office | |

Other area(s) of expertise

Referral(s)

Please list anyone you think might be interested in being affiliated with Pine Tree Hospice and should be contacted.

Name	Relationship	Phone #
_____	_____	_____
Name	Relationship	Phone #
_____	_____	_____
Name	Relationship	Phone #
_____	_____	_____
Name	Relationship	Phone #
_____	_____	_____

- Please attach a separate sheet to elaborate on any of the questions above or to offer additional information about yourself.
- Please attach your current resume.

Please return this form and any attachments to the address below.

If you have any questions, please contact Jane Stitham, Executive Director.

Thank you for your interest in Pine Tree Hospice.

(207) 564-4346 (Phone)
(207) 564-4400 (Fax)

PINE TREE HOSPICE
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Dover-Foxcroft ME 04426

wecare@pinetreehospice.org (e-mail)
www.pinetreehospice.org (website)