

# 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 #

Thank You! \_\_\_\_\_  
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.*