



Box 1261, Oliver, BC V0H 1T0 Telephone: 250.495.1590
www.desertvalleyhospice.org Email: info@desertvalleyhospice.org

Board of Directors Candidate Application

Please submit completed application at the address above or email to:
info@desertvalleyhospice.org
 Please return this application to the above address by (date): _____

Date _____

Full Name _____

Address _____

Mailing Address (if different) _____

Phone _____ E-mail _____

Employer
 Name _____

Your Title _____

Address _____

Phone _____ E-mail _____

Type of business or organization _____

Primary service(s) and area/population served _____

Preferred method of contact () Work () Home

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Training/Certificates

Optional – Have you received any awards or honors that you’d like to mention?

How do you feel Desert Valley Hospice Society would benefit from your involvement on the Board?

Skills, experience and interests (Please circle all that apply)

Finance, accounting

Personnel, human resources

Administration, management

Nonprofit experience

Community service

Policy development

Program evaluation

Public relations, communications

Education, instruction

Special events

Grant writing

Fundraising

Outreach, advocacy

Other _____

Other _____

Other _____

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of Desert Valley Hospice Society:

Please tell us anything else you’d like to share.

Thank you very much for applying