

# Board Application



**BREVARDHEART**  
FOUNDATION

Candidate Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Current Position/Employer \_\_\_\_\_

Relevant Experience \_\_\_\_\_

Note areas of expertise, where you feel you can contribute to the Brevard Heart Foundation mission.

\_\_\_\_\_

Do you have experience in Healthcare? \_\_\_\_\_

Please list board experience for other organizations \_\_\_\_\_

\_\_\_\_\_

What other volunteer commitments do you currently have? \_\_\_\_\_

\_\_\_\_\_

Why are you interested in serving as a Board Member for BHF? \_\_\_\_\_

\_\_\_\_\_

Please share any info you feel would be important for consideration of you application. \_\_\_\_\_

\_\_\_\_\_

## For Board Use

Nominee met with the Executive Director, Board Chair or other Board Member Date \_\_\_\_\_

Nominee has been reviewed by the committee Date \_\_\_\_\_

Nominee proposed by the board Date \_\_\_\_\_

Board Action            Elected    Rejected Date \_\_\_\_\_