

BOARD OF DIRECTOR'S CANDIDATE APPLICATION

Name of Hope Harbor board representative:					
Please return to above address	by:				
		Appl	ication Date:		
Full Name:			Birthdate:		
Spouse/Significant Other's Name:					
Residential Address					
Address:	Cell Phone:				
	Personal Email:				
En	ıployer Informat	ion			
Employer Name	Your Title:	Your Title:			
Address:	Phone	Phone			
	Work Email:				
Type of Business:	Primary area/population served:				
	1				
Preferred Method of contact:	□Work □Residential				
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		



615 W. 1st Street Grand Island, NE 68801

Education/Training/Certificates				
Optional – Have you received any awards of	or honors that you'd like to mention?			
How do you feel Hope Harbor would ben	nefit from your involvement on the Board?			
Skills, experience, and interests (please r	nark all that apply)			
☐ Finance, accounting	\Box Education, instruction			
☐ Personnel, human resources	□Special events			
☐ Administration, management	☐Grant writing			
□ Nonprofit experience	\square Fundraising			
□Community Service	□ Other			
\square Policy development	□ Other			
☐ Program evaluation				
\square Public relations, communications				
Please list any groups, organizations or bus behalf of Hope Harbor:	inesses that you could serve as a liaison to on			
Why are you interested in serving on the Ho	ope Harbor Board?			

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Do you have personal or profes	sional experiences that pertain to the Hope	Harbor mission?
	DEDGOVAL DEPENDENCES	
	PERSONAL REFERENCES	
Reference #1	Reference #	2
Name:	Name:	
Address:	Address:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	
Please tell us anything else you'	'd like to share:	
Applicant Signature	Date	

MISSION STATEMENT

"Lifting those in need to lives of sustainable self-sufficiency."

Thank you very much for applying