



**CEDAR VALLEY  
HOSPICE®**

**Governing Board Member Application**

Personal Information (please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

---

Do you have a connection to Cedar Valley Hospice?

What prompted your interest in becoming a board member?

How would you best support the Executive Director of Cedar Valley Hospice?

What do you know about hospice care?

Do you have nonprofit board experience?

Why are hospice services important?

Tell us about the fundraising experience you have.

What special talents can you bring to the board (i.e. legal, healthcare, management finance)?

Is there anything else you would like us to know?

Thank you for your interest in serving on the Cedar Valley Hospice Governing Board. We will contact you with any additional questions. We will be finalizing our board nominations in December and will be in touch regarding your application.