



3500 Camp Bowie Blvd. Ste. 748
Fort Worth, TX 76107
info@hispanicwellnesscoalition.org

Board of Directors Candidate Application

Please return form to: Gloria Martinez at address or email above
Questions: 817-735-2748
Please return this application to the above address by (date): Monday, Nov. 7, 2016

Date _____

Name _____
 First MI Last

Residence
Address _____
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 () Residence

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

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 **Hispanic Wellness Coalition** would benefit from your involvement on the Board?

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

- | | |
|----------------------------------|------------------------|
| Finance, accounting | Education, instruction |
| Personnel, human resources | Special events |
| Administration, management | Grant writing |
| Nonprofit experience | Fundraising |
| Community service | Outreach, advocacy |
| Policy development | Strategic Planning |
| Program evaluation | Website Development |
| Public relations, communications | Other _____ |

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of **Hispanic Wellness Coalition**

What other volunteer commitments do you currently have?

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

Thank you very much for applying!

For Board Use:

____ Nominee has had a personal meeting with either Executive Director, Board Chair, or other Board Member. Date: _____

____ Nominee reviewed by committee Date: _____

____ Nominee proposed to the board Date: _____

____ Board Action Elected Rejected Date: _____