

Hope House Board of Directors Application Form

The Hope House is a nonprofit organization devoted to providing services for consumers with serious and persistent mental illnesses. If you would like to help out by joining the board of directors, fill out this form and return it to P.O. Box 1097, Bemidji MN 56619. Black, Brown, Indigenous, and people of color, as well as people with lived experience, are encouraged to apply. For further information, call 218-444-6748 or email hopehouse@paulbunyan.net.

First and last name:	
Gender pronouns (optional):	
Home phone number:	Cell number:
Address:	
email address (please write it carefully):	
Occupation:	

Briefly describe why you would like to join our Board of Directors:

Membership on the Board requires a wide variety of skills. Check those skills that you bring to bear:

<input type="checkbox"/> Board & policy development	<input type="checkbox"/> Financial management	<input type="checkbox"/> Training
<input type="checkbox"/> Leadership	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Marketing
<input type="checkbox"/> Staffing / HR	<input type="checkbox"/> Legal & government knowledge	<input type="checkbox"/> Volunteer solicitation
<input type="checkbox"/> Program development	<input type="checkbox"/> Community networking	<input type="checkbox"/> Facilities management

Other skill(s) of yours that you would like to use?

Page 1 of 2

What other nonprofit boards have you been a member of?

Fund raising is a standard obligation of nonprofit board service. Are you willing to participate in this area of service?

Yes No

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

Yes No Perhaps

If you join the Board, you agree that you can provide at least 2-4 hours a month including attendance at Board and Committee meetings; and reviewing bimonthly Board documents and policy changes. You also agree that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____

