



BOARD OF DIRECTOR / COMMITTEE MEMBER / VOLUNTEER APPLICATION

REQUEST TO SERVE

Please note that the Copper Shores Community Health Foundation (CSCHF) requires all of their Board of Directors to serve on one of CSCHF's committees. However, not all committee members sit on the board. All CSCHF board and committee members serve without monetary compensation.

- I am submitting this application for consideration to serve on CSCHF's Board of Directors and a committee.
- I am submitting this application for consideration to serve only on a CSCHF committee.
- I am submitting this application for consideration to serve only as a Volunteer.

If applying to serve on a committee, please indicate which committee you are interested in becoming a member of:

- Donor and Community Relations
- Grants (Review) Management
- Finance and Investment Management
- Copper Shores Bridges Out of Poverty
- Educational Scholarship Review

PERSONAL INFORMATION

Name: _____ Date of Application: _____

Address: _____
Street/PO Box City State Zip

Telephone: _____ E-mail Address: _____

How long have you been a resident in any of the following counties that CSCHF serves?

- Baraga
- Houghton
- Keweenaw
- Ontonagon
- Years: _____ Months: _____

BACKGROUND & EXPERIENCE

What is your occupational background? _____

What is your educational background? _____

What is your current and past board/committee experience?

Organization Name and Type*	Scope of Organization	Dates Served
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Organization Type: Non-Profit, For Profit-Public, or For Profit-Private

If you chaired any of these boards/committees or served in another position, what was your position and duration of appointment?

Organization Name	Position	Duration of Appointment

What special skills, talents, educational background, or experiences qualify you to serve on a CSCHF committee? Please select all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Board Governance | <input type="checkbox"/> Financial Planning/Investment | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Business Administration/Management | <input type="checkbox"/> Fund/Donor Development | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Communications/Public Relations | <input type="checkbox"/> Government | <input type="checkbox"/> Organizational Development |
| <input type="checkbox"/> Community Planning/Development | <input type="checkbox"/> Grant Writing/Management | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Education | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Research/Evaluation |

GENERAL INFORMATION

What would your interests be as a CSCHF board, committee member, or volunteer?

What would your strengths be as a CSCHF board, committee member, or volunteer?

Why do you want to be a CSCHF board, committee member, or volunteer?

Are you related to, or otherwise closely associated with, anyone who is currently employed by CSCHF?
 Yes No If yes, please identify the individual and the connection: _____

Are you related to, or otherwise closely associated with, anyone who is currently on CSCHF's board?
 Yes No If yes, please identify the individual and the connection: _____

Are you related to, or otherwise closely associated with, anyone who is currently serving on a CSCHF committee?
 Yes No If yes, please identify the individual and the connection: _____

Are you aware of any potential conflict of interest that may arise from you serving on the board and/or a committee?
 Yes No If yes, please explain: _____

REFERENCES

Please list three local references who can attest to the information provided:

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION

I hereby certify that all information in this application is true and complete. I grant permission to the Copper Shores Community Health Foundation to verify any information provided on this application and any attached documents for purposes of my appointment to the CSCHF Board of Directors and/or to a CSCHF committee. I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions.

Printed Name of Applicant _____ Date _____

Signature of Applicant _____

APPLICATION SUBMISSION

Please return your completed application to:

Copper Shores Community Health Foundation F: 906.523.5925
400 Quincy St., PO Box 299 E: info@coppershores.org (as a PDF)
Hancock, MI 49930

Submission of an application is not an implied guarantee of appointment to the CSCHF board and/or a committee or acceptance as a volunteer.