

BOARD OF DIRECTORS APPLICATION FORM

Bridge of Hope Harrisonburg-Rockingham

- Please complete the following information and question on back of the form.
- The Board chair and director will review the application, discern fit with the Board’s needs and mission and meets with prospective candidate.
- If approved, the board chair extends an invitation to the prospective Board member.

| Prospective Board Member Information | |
|---|--|
| Name: | |
| Mailing Address: | |
| City/State/Zip: | |
| Country (if not USA) | |
| Work Phone: | |
| Cell Phone: | |
| E-Mail: | |
| If married, Name of Spouse: | |
| If children, Name(s) of Children and Year(s) Born: | |
| Home Church (Name/Location): | |
| Profession/Title | |
| Employer (Name/Location): | |

Prospective Board Member’s Areas of Expertise

| AREA OF EXPERTISE | NOTES |
|--------------------------|--------------|
| Audit/Risk | |

| | | | | |
|----------------------------|--|--|--|--|
| Banking | | | | |
| Board Governance | | | | |
| Discipleship | | | | |
| Entrepreneurial Experience | | | | |
| Human Resources | | | | |
| IT Experience | | | | |
| Legal | | | | |
| Major Fundraising | | | | |
| Public Relations | | | | |
| Strategic Planning | | | | |

Why do you believe you will be a good fit with the mission and work of Bridge of Hope Harrisonburg-Rockingham?

Please complete this document and return to the Board Chair:
Wanda Hamilton: whamilton48@gmail.com