

# Hospice of Kodiak

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## Board of Directors Interest Form

Hospice and Palliative Care of Kodiak, Inc. (Hospice of Kodiak), a non-profit organization, is governed by an active and volunteer Board of Directors. Hospice of Kodiak's mission is to join the journey of those facing life-threatening illness or loss, meeting needs, reducing fears and offering comfort. To successfully serve on the Board, a candidate must have available time and be interested in helping us accomplish our mission. As a Board member, you will be required to prepare for and attend regular Board meetings. Active participation in fundraising is also required. If you are interested in being considered for membership, please fill out this Board Interest Form. Completed forms should be mailed to PO Box 8682, Kodiak, AK 99615. If you have any questions or want additional information, please contact our office at 481-2450.

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (personal) \_\_\_\_\_ (work)

E-mail Address \_\_\_\_\_ (personal) \_\_\_\_\_ (work)

Number or years you have lived in the area: \_\_\_\_\_

Number of hours per month you can devote to Hospice of Kodiak: \_\_\_\_\_

Briefly describe your work experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your non-profit board experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the community organizations/volunteer activities with which you are associated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your interest in Hospice of Kodiak!**