



Bluebird's Hope, Inc.®

Board Member Application

Bluebird's Hope, Inc. is looking for individuals willing to volunteer as Board Members for our 501(c)(3) non-profit organization. Our mission is to deliver free, patient-centered, trauma-informed, Forensic Nursing Care to victims of sexual assault, domestic violence, human trafficking, and strangulation, while educating and leading the community towards prevention. At Bluebird's Hope we aspire to deliver care to all, regardless of circumstance, time, or distance, while empowering them with knowledge and respect in order for them to not only survive but thrive. All appointments as a Board Member or Director will be for a minimum of a one year term.

Name of Applicant: _____

Address: _____

Phone: _____ Email address: _____

Employer: _____ Job Title/Occupation: _____

If Referred, by who: _____

How did you hear about us? _____

Describe your personal and professional background, and other relevant experience (include any degrees or other professional titles you hold): _____

Describe why you would like to volunteer to serve on the Board: _____

Board Member Application Continued

Briefly outline the specific skills, hobbies, or interests you bring, or contributions you hope to make to the Board: _____

List any other clubs, boards or professional organizations you are involved with (or have been involved with) and specify your positions and years of service: _____

Other Comments: _____

I am applying for a member position on the Board of Bluebird's Hope, Inc. I understand that there are participation requirements, including monthly meetings at which in person or virtual attendance is required as well as active participation in events, fundraisers and other board functions. I certify that all of the information above is correct and current to the best of my knowledge, and I understand that a member term will be for a minimum of one year.

Signature of Applicant: _____ Date: _____