

Board Application Form

Name:	Date:		Nominator (if any):
Phone:	<u> </u>	Email:	
Address:			
Relevant experienc	e or employment (attach	n a resume if re	elevant):
Why are you interes	sted in our organization?		
Areas of expertise a	and contributions you fee	el you can mak	e:
Other volunteer co	mmitments:		

Thank you for completing this application. Please drop it off at Jessica's House Hospice at 70776 London Rd. Exeter <u>OR</u> email it to <u>executive director@jessicashousehospice.ca</u> and we will be in touch with you.