

# Wainwright & District Community Health Foundation

---

## Board Member Application Form

### About the Foundation

The Wainwright & District Community Health Foundation is a charitable organization dedicated to improving health care in our community through fundraising, advocacy, and strategic investment. Our Board of Directors plays a critical role in guiding our mission, strengthening community partnerships, and ensuring responsible stewardship of donor funds.

We are seeking engaged, community-minded individuals who bring energy, expertise, and a willingness to contribute meaningfully to our work.

### Applicant Information

Full Name:

Address:

Phone Number:

Email Address:

Preferred Method of Contact:

### Professional Background

Current Occupation / Title:

Employer / Organization:

Brief Summary of Your Professional Experience:

### Skills & Experience

Please check all areas where you have experience or interest:

- Fundraising (campaigns, donor relations, event planning)
- Marketing / Communications / Public Relations
- Finance / Accounting / Budgeting
- Legal / Governance

- Strategic Planning
- Community Engagement
- Health Care (clinical or administrative)
- Nonprofit or Board Experience
- Other professional skills that may benefit the Foundation: (specify)

### **Motivation & Fit**

1. Why are you interested in serving on the Wainwright & District Community Health Foundation Board?
2. What strengths, skills, or perspectives would you bring to the Board?
3. Our Board is active in fundraising, donor outreach, and community events. Are you comfortable asking individuals or businesses for donations? (Yes/No/With training)
4. Please describe any fundraising experience you have.
5. Board members are expected to participate actively in meetings, committees, and Foundation events. Are you able to commit the necessary time and energy? (Yes/No/Unsure)

### **Governance & Eligibility**

Have you ever served on a nonprofit board before? (Yes/No) If yes, list organizations.

Are you currently involved in any organizations or activities that may present a conflict of interest? (Yes/No) If yes, explain.

### **References**

Provide two references:

Reference 1: Name, Relationship, Phone, Email

Reference 2: Name, Relationship, Phone, Email

### **Applicant Declaration**

I certify that the information provided in this application is accurate to the best of my knowledge. I understand that submitting this application does not guarantee appointment to the Board.

Signature:

Date: