



Garden of Health's mission is to provide healthy, safe food for those in need, including those with dietary restrictions, in Montgomery and Bucks Counties!

BOARD OF DIRECTORS CANDIDATE APPLICATION

Please email completed forms to: info@gardenofhealthinc.org

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

Email Address _____

Current Occupation _____

Areas of Expertise or Experience (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Food & Nutrition | <input type="checkbox"/> Agricultural (gardening, farming, etc.) |
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Non-Profit management |
| <input type="checkbox"/> Government | <input type="checkbox"/> Philanthropic community |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Volunteer Management |

Other areas of expertise/skills: _____

How did you learn about Garden of Health? _____

What about Garden of Health's mission interests you? _____

Current Relationship to Garden of Health? _____

History of Community / Volunteer Services

Membership in Civic/Professional Associations

Prior Board Experiences

Special Interests/Hobbies

What areas of Garden of Health's Board are of interest to you?

How will being a Garden of Health Board member be good for you personally?

From our experience, Board Members typically spend 5 hours per month on Garden of Health Board/committee work. Depending on your level of involvement and commitment, this time might increase. Do you see this as a problem?

Garden of Health Board members are asked to make a financial contribution at a level that is personal and meaningful to you. Do you see this as a problem?

Please supply two references: At least one should be from someone with whom you have worked in an employment capacity or as part of a group. (Note references will not be contacted until after meeting with Board Chair/Executive Director)

1. Name: _____

Address: _____

Telephone #(s): _____

2. Name: _____

Address: _____

Telephone #(s): _____

Please allow my name to stand for nomination to the Garden of Health Board of Directors. I am willing to commit my time, energy and passion to Garden of Health.

_____ **Signature** _____ **Date**

Date of availability for Board Service _____