



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

Home Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

**Primary Affiliation or Employment:**

Current Last

Company/Agency Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Legal structure: NFP LLC Other: \_\_\_\_\_

Geographic Scope of Service:

**Please check the core competencies which you possess:**

Finance/Accounting

Strategic Planning

Corporate Business

Insurance/Loss Control

Technology/Systems

Project Management

Fundraising

Facilities Mgmt/Safety

Legal

Investments

PR/Media/Marketing

Health Insurance

Human Resources

Healthcare

Compliance

Type: \_\_\_\_\_

Quality Improvement

Other: \_\_\_\_\_

Any additional skill areas you wish to share:

What are your interests/passion in working on behalf of seniors and individuals with mental health conditions? (employment, educational, personal experiences)

Which boards (profit, and non-profit) have you served and which committees or positions did you hold?

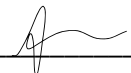
Have you had board training?                      Yes                      No

If yes, how were you trained/which did you attend? \_\_\_\_\_

Who recommended you for Board Membership? \_\_\_\_\_

I affirm that I align with Harmonia’s Vision, Mission, and Values (see [www.harmonia-care.org](http://www.harmonia-care.org))

I understand that all Directors are required to submit and annual certification and disclosure from under Harmonia’s Conflict of Interest Policy.

Signature:  \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for considering a leadership position on The Board of Directors for Harmonia Collaborative Care, Inc.

**Kindly enclose/attach your resume. Send to:**

Howard Martin, Board Chair; [hmart2521@gmail.com](mailto:hmart2521@gmail.com)

Valerie Nowak, CEO; [vnowak@harmonia-care.org](mailto:vnowak@harmonia-care.org)