



MAHA BOARD APPLICATION FORM

*****This form is required for ALL Board positions**
2019/2020 Board Year

Date _____

The MAHA Board of Directors consists of the Executive Committee, other elected and appointed officers and the six district presidents. All members of the Board of Directors must be members in good standing of an auxiliary, volunteer group or guild affiliated with the MAHA.

Your thoughtful response to the following questions will enable the MAHA Nominating Committee to review your abilities and interests for each of our mutual benefit. Use additional paper if needed for your information.

PLEASE PRINT

Name: _____ **District** _____

Street Address: _____

City: _____ **Zip Code:** _____

Phone: (H) _____ **(W)** _____ **(C)** _____

E-Mail _____ **Fax** _____

Auxiliary: _____ **No. Years Affiliated** _____

Are you currently a hospital volunteer? _____

How many hours do you volunteer? Weekly/monthly? _____

Are you currently a paid hospital employee? _____

Educational Background (include special courses as well as degrees/major field):

Employment History:

List offices held or special responsibilities and years served in the following:

Your Auxiliary:

Your District:

MAHA Board:

List any other volunteer affiliations, clubs and community services:

PLEASE LIST THE POSITION/POSITIONS FOR WHICH YOU WOULD LIKE TO BE CONSIDERED ON THE MAHA BOARD AND LIST THE SPECIAL ATTRIBUTES THAT YOU WOULD BRING TO THAT POSITION:

- The MAHA Board meets in Jan, Apr, Jul in Lansing for two (2) day meetings and in June for the MAHA Annual Meeting. Would you be able to attend the sessions? _____
- Each position on the MAHA Board requires the basic computer knowledge of word and the ability on your part to send and receive emails with attachments. Would this requirement present a problem? _____
- Some positions require knowledge on how to prepare and analyze an Excel Spreadsheet. Would this present a problem? _____

REFERENCES: Please provide the names of two (2) references from your district:

NAME:	TELEPHONE	E-MAIL ADDRESS
_____	_____	_____
_____	_____	_____

Mail or Email this Completed Form To:

Carol D'Alberto, MAHA Counselor & Nominations Committee Chair
N9469 East Shore Road, Lake Gogebic
Marenisco, MI 49947

Home: 906 842-3525
Cell: 906 362-5387
Email: lkgogebic@gmail.com

PLEASE RETURN BY NOVEMBER 1, 2018