



MICHIGAN ASSOCIATION OF HEALTHCARE ADVOCATES

www.mahaonline.org

# MAHA BOARD APPLICATION FORM

**\*\*\*This form is required for ALL Board positions  
2018/2019 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.

**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 January/February, April, July and September in Lansing for three (3) day meetings. Would you be able to attend the sessions? \_\_\_\_\_
- Each position on the MAHA Board requires the ability on your part to send and receive emails with attachments. Would this requirement present a problem? \_\_\_\_\_
- Some positions require the ability to prepare and analyze an Excel Spreadsheet. Would this present a problem? \_\_\_\_\_

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

<b>NAME:</b>	<b>TELEPHONE</b>	<b>E-MAIL ADDRESS</b>
_____	_____	_____
_____	_____	_____



**RETURN THIS FORM TO THE MAHA COUNSELOR/  
NOMINATIONS COMMITTEE CHAIR:**

**Mary Lu Cramer  
1300 Oak Hollow Dr  
Milford, MI 48380  
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Cell: (219) 384-0461  
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**PLEASE RETURN BY NOVEMBER 1, 2017**

**Revised 7/20/2017**