



Broward Healthy Start Coalition, Inc.

Together, supporting mothers and babies

BOARD MEMBER APPLICATION

Type or print name in full: _____

Home Address: _____

Primary Phone: _____ Secondary Phone: _____

Spouse's Name and Occupation: (if applicable) _____

Employer: _____

Business Address: _____

Business Telephone: _____ Fax: _____

Position Title: _____ Assistant: _____

Email: _____ Nature of Business: _____

Preferred mailing and/or contact: Business Home

Referred By: Board Member Friend Club/Organization
 Related Agency Media Client Involvement

Other _____

What motivates you to volunteer on the Broward Healthy Start Coalition Board of Directors?

What expectations do you have from the organization(s) on whose Board you serve?

The Board currently meets on the 4th Thursday of the month on a monthly basis at 9:30 am – 11:30 am. Board committees meet as needed. Is that a problem for you? No Yes

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Telephone: (954) 563-7583 Fax: (954) 561-9350



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In addition to serving on the Board of Directors, I am interested in serving on at least one of the following Committees or Workgroups: (select all that apply)

- Executive/Finance By-Laws Quality Assurance
- Service Delivery Planning Allocations Fundraising Nominating
- Maternal Child Health System Fetal & Infant Mortality Review (FIMR)
- Black Infant Health (BIHPI) Infant Health Maternal Morbidity & Mortality

What other nonprofit Boards or professional/civic associations or affiliations are you currently involved in and what position, if any, do you occupy?

What community activities are you currently involved in and what positions, if any, do you occupy?

What skills or knowledge do you feel you would bring to the Board? Please select the special talents/interest which indicate your preferred contribution to Board activities.

- Business/Administration Financial Oversight Legal Management
- Marketing/Public Relations Fundraising Grant Writing Social Media
- Policymaking/Lobbying IT/Computers Other: _____

Additional Comments:

Signed: _____ Date: _____

Please attach current resume.

The following information is requested for grant application purposes.

Ethnicity: Asian Black Hispanic Native American White Other _____

Sex: Female Male Age: 18-21 22-49 50-59 60+

Please note: Many people apply for a few open Board positions. A rigorous selection process follows nomination, including screening, interviewing, checking of references and matching with current Board needs.