



**BOARD OF DIRECTORS - CANDIDATE PROFILE**

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

Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birth Day and Month: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Interest and Hobbies: \_\_\_\_\_

Organizations to which you currently belong: \_\_\_\_\_

Previous Board Experience:

Organizaton: \_\_\_\_\_

Scope: \_\_\_\_\_

Tenure: \_\_\_\_\_

Committees: \_\_\_\_\_

Organization:

Scope: \_\_\_\_\_

Tenure: \_\_\_\_\_

Committees: \_\_\_\_\_

Areas of Expertise or Interest: \_\_\_\_\_

I have read and understand the Responsibilities of Membership of the Stanislaus Health Foundation:

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

Please send correspondence to:      My Home          My Office   

Sponsoring Board Member: \_\_\_\_\_ Date: \_\_\_\_\_