

BEACON CLINIC FOR HEALTH AND HOPE
P.O. Box 5870
Harrisburg, PA 17110-5870

Please return this application to the person & address listed below:

David R. Getz, Esquire, Member, Governance Committee
dgetz@wwwpalaw.com; (717) 234-4182

Date: _____

Name: _____
First _____ Last _____

Residence:

Address _____
Phone _____ Email _____

Employer (or Retired) Name _____

Your Title _____

Address _____

Phone _____ Email _____

Type of business or organization _____

Primary service(s) and area/population served: _____

Preferred method of contact () Work () Residence.

Religious Affiliation _____

Please list boards and committees that you serve on currently, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization _____ Role/Title _____ Dates of Service _____

Education/Training/Certificates

Optional — Have you received any awards or honors that you'd like to mention?

How do you feel Beacon Clinic for Health and Hope would benefit from your involvement on the Board?

Share some of your faith-based beliefs and spiritual journey that would be important to your involvement with Beacon Clinic for Health and Hope.

Skills, experience and interests (Please **indicate in bold and underline** all that apply)

Finance, accounting.	Education, instruction
Personnel, human resources	Special events.
Administration, management	Grant writing
Nonprofit experience	Fundraising
Community service	Outreach, advocacy
Policy development	Other _____
Program evaluation	Other _____
Public relations, communications	Other
Professional (specify med, social work, dietetic. etc.)	

Please list any groups, organizations, or businesses that you could serve as a liaison to on behalf of Beacon Clinic for Health and Hope.

Please tell us anything else you'd like to share.

Thank you very much for your interest!