

Harrisburg, PA 17110-5870

dgetz@wwwpalaw.com; (717) 234-4182

Last

Phone

Email

Religious Affiliation _____

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!