



BOARD OF DIRECTORS APPLICATION FORM

Name: _____

Address: _____

Telephone: _____

What is your interest or motivation in becoming a Board Director of COHA? What is your time commitment?

Please briefly describe your previous Board experience and years of service.

What volunteer work have you contributed to?



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What talents and skill sets do you have that would complement the Board and help deliver their vision?

Please attach your most recent CV to this application.

Please email your completed application to Board@hospicecoha.org

Your application will be given to the Governance Committee of the Board of Directors.
You will receive a response within 7 days from the time your application is received.

Thank you.