**Please return this application to** [info@postpartumhealthalliance.org](mailto:info@postpartumhealthalliance.org) **by October 15, 2018**

**Date:**

**Name:**

**Have you read the board descriptions? Y/N**

**Can you attend Board Meetings the 2nd Wednesday of the month from 8am – 10am? Y/N**

**Are you able to attend the October Fiesta? Y/N**

# Residence

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer**

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

Your title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of business or organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary service(s) and area/population served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Organization Role/Title Dates of Service

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# Education/Training/Certificates

**Optional – Have you received any awards or honors that you’d like to mention?**

# Why would you like to join the San Diego Postpartum Health Alliance Board of Directors?

**Which position or positions are you applying for?**

**If more than one, which is your first choice?**

**Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of (name of org).**

**Please share a brief bio about yourself that we can share with others. This should include a little bit about yourself both personally and professionally as well as your passion for the mission of the Postpartum Health Alliance.**

**Thank you very much for applying**