

Please return this application to info@postpartumhealthalliance.org

Date:

Name:

Have you read the board descriptions? Y/N

Are you aware this is a volunteer 2 year term? 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 on October 10, 2019? 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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