

Marin Healthcare District

Application: Bond Oversight Committee

(PLEASE ATTACH A COPY OF YOUR RESUME TO THIS APPLICATION)

Date _____

Name _____
First MI Last Familiar name

Residence

Address _____

Phone _____ E-mail _____

Employer

Name _____

Your title _____

Address _____

Phone (work) _____ (home) _____

E-mail _____

Type of business or organization _____

Primary service(s) and area/population served _____

Preferred method of telephonic contact: () Work () Residence

ATTACH ADDITIONAL INFORMATION IF NECESSARY.

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

Why would you like to serve on the MHD Bond Oversight Committee?

Skills, experience/expertise (Please circle all that apply)

Healthcare

Finance, accounting

Personnel, human resources

Administration, management

Nonprofit experience

Community service

Legal

Policy development

Public relations, communications

Education, instruction

Special events

Philanthropy/Fundraising

Outreach, advocacy

Other _____

Other _____

Other _____

Provide one or two examples of the skills, experience and expertise that you mentioned above. For example, in what capacity did you acquire and/or apply those skills:

Please list other information relative to your interest in applying for the MHD Bond Oversight Committee.

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

Please return your application and resume or call with questions to:

Louis Weiner, Executive Assistant to the Boards

Marin General Hospital

100-B Drakes Landing Road, Suite 250

Greenbrae, CA 94904

415-464-2090

WeinerL@Marinhealthcare.org