

## Board of Directors Nomination Of Client Members



Please complete and submit to [vborotz@hchmd.org](mailto:vborotz@hchmd.org) by Friday, May 26, 2017

Candidate's Name: \_\_\_\_\_

Candidate's Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Candidate's Phone \_\_\_\_\_

Candidate's Email: \_\_\_\_\_

Relevant skills of candidate:

This candidate is (check all that apply):

- A Health Care for the Homeless client
- Currently experiencing homelessness
- A person of color
- Able to lead and actively participate in the Consumer Relations Committee

Candidate's current relationship to the agency: \_\_\_\_\_

Other nonprofit (or board) experience:

This person would be an asset to the Board because:

Additional comments:

\*Identify any potential conflicts of interest:

\*Confirm that the candidate does not have an immediate family member (spouse, child, parent, sibling) who is a current employee of the agency:

Nominated by: \_\_\_\_\_ Date: \_\_\_\_\_

Nominator's phone number: \_\_\_\_\_

Nominator's email: \_\_\_\_\_

I have known the candidate for \_\_\_\_\_ years in the following context:

**NOMINATIONS DUE FRIDAY, MAY 26, 2017**

Send to: [vborotz@hchmd.org](mailto:vborotz@hchmd.org) | 421 Fallsway | Baltimore, MD 21202