

Nomination form for client members to the Board of Directors



Please complete and submit to vborotz@hchmd.org by Wednesday, Nov. 22.

The Board seeks nominations of client board members who can represent the interests of people receiving services at Health Care for the Homeless and actively participate in the Consumer Relations Committee and other committees of the Board.

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
- A person with lived experience of 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:

*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 WEDNESDAY, NOVEMBER 22, 2017

Send to: vborotz@hchmd.org | 443-703-1349 | 421 Fallsway | Baltimore, MD 21202