



Board of Directors Application

Mission: *Cultivate relationships and philanthropic support to enable the creation of new facilities, upgrades of current facilities and acquisition of new equipment and medical technology.*

Thank you for your interest in serving on the Board of Directors for Rainy Lake Medical Center Foundation Board of Directors. We are seeking individuals who are passionate about healthcare, our community and committed to advancing our mission and organization. Please complete the application below. Selected applicants may be invited for an interview.

First Name: _____ **Last Name:** _____

Address: _____

Email: _____ **Phone:** _____

Professional Background: _____

Current Employer/Organization: _____

Job Title: _____

Industry/Field of Expertise: _____

Briefly describe your professional background and experience:(Max 250 words)

Board Interest

Those committed to volunteering in a leadership capacity have an abundance of organizations to choose from. We are very grateful that you are interested in the Rainy Lake Medical Center Foundation Board and would like to hear more. Please share your "why" and what it is about our work and mission that has led you to apply for a position on our board.

Have you previously or do you currently serve on a board or committee?

Your response will *not* impact our decision.

☐ Yes

☐ No

If yes, please briefly describe your experience:

Describe any work experience, resources, life experiences and/or perspectives you could bring to the board.

What motivates and energizes you on a daily basis?

Availability & Commitment

The Rainy Lake Medical Center Foundation Board meets monthly from 11:00 AM to 12:00 PM on the third Wednesday. We also encourage board members to participate in one of our committees. Do you anticipate any concerns or scheduling conflicts that might affect your ability to meet these commitments?

How did you hear about this opportunity? Select all that apply.

- ☐ Social Media ☐ Email from the Foundation
☐ Referral from a Board Member ☐ Other: _____

Is there anything else you would like to share with us?

Signature: _____

Date: _____

Please return this form to Ashley Hall, ahall@rainylakemedical.com