



Volunteer Board Member Profile

(Please Print)

Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ E-mail: _____

Employer: _____

Occupation: _____

*SSN: _____ *DOB: *Month* _____ *Day* _____ *Year* _____

*Necessary to comply with Medicaid reporting requirements – confidential & not used for any other purpose.

If you prefer to receive board mail at your office, please complete the following:

Employer Address: _____

City: _____ Zip: _____

1. Previous or current board service/community involvement: _____

2. Clubs, service groups and other affiliations: _____

3. What interests you most about serving on the BHR Foundation board? _____

4. What are the skills or talents you would bring to the board? _____

5. Please identify possible areas of conflict of interest (if any): _____

(Use the back side of this page if you need more room for any of these questions.)

If elected, I understand that BHR will perform a standard background check for volunteers through the Washington State Patrol.

Signature _____

Date _____