

MICHIGAN HEALTHCARE FREEDOM  
MHF Board Member Application

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Professional qualifications/ work experience \_\_\_\_\_

(Attach current Resume/CV)

Employer \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Volunteer experience \_\_\_\_\_

*Your answers to the following questions will help us consider your application. Please answer as thoroughly and accurately as possible. Attach additional sheets as needed.*

1. What volunteer commitments do you currently have?
2. How many hours per week do you have free to volunteer for MHF? \_\_\_\_\_
3. Why do you want to become an MHF Board Member?
4. What is your past nonprofit board experience?
5. What do you think are the characteristics of a great board member?

*Thank you for bridging state health policy barriers with us!*  
Michigan Healthcare Freedom is a non-profit organization tax-exempt under section 501(c)(3) of the Internal Revenue Code.

