

## Hemophilia Foundation of Arkansas Inc.

## BOARD OF DIRECTORS APPLICATION

Date:	
Name:	Age:
Mailing Address:	
Physical Address:	
Phone: (cell) (work)	(other)
Email:	
It is a requirement that you have email and that you ca	n check your email on a regular basis
Occupation:	
Do you or does anyone in your family have a bleeding di	sorder?yesno
Are you presently active in any organizations?yesyesyesyesyesyesyes	no
Have you ever served on the Board of any organizations If yes, when and what positions did you hold and for how	
Why do you want to be considered for a position on the	Hemophilia Foundation of Arkansas board?

What do you feel you can contribute to this organization and to the bleeding disorder community?

The HFA Board of Directors hold board meetings at a minimum of once every 3 months. Some meetings are held in the Conway/Little Rock area and some are held in conjunction with the Hemophilia Foundation events. The meetings are 2-3 hours in length and your meal is provided.

If elected, would you be available and able to attend board meetings?yesno	
If elected, would you make attending these board meetings a priority?yesno	
Would it be a hardship for you to travel to and attend board meetings?yesno	
If elected, would you make it a priority to attend Hemophilia Foundation events ?yes	no
Are you willing to devote time helping HFA with events and activities when needed? yes	no
Are you willing to be on a committee or work on special projects? yes no	
Are you willing to submit to a general and criminal background check? yesno	

If elected to the Board of the Hemophilia Foundation of Arkansas, missing Board meetings could cause you to be removed from the Board of Directors.

Please initial here to confirm that you have read and understand this statement.

## PLEASE MAIL COMPLETED APPLICATION TO:

Hemophilia Foundation of Arkansas, Inc. Laura Barnhart Secretary 17200 Chenal Parkway Suite 300 Box 326 Little Rock, AR 72223 501-428-5754

OR EMAIL TO: secretary@arkhemofoundation.org