



Hemophilia Foundation of Arkansas, Inc.

BOARD OF DIRECTORS APPLICATION FOR INDUSTRY

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (work) \_\_\_\_\_ (other) \_\_\_\_\_

Email: \_\_\_\_\_

**It is a requirement that you have email and that you can check your email on a regular basis**

Are you employed or contracted by a Pharmaceutical, Homecare company, Specialty Pharmacy or any company/business that manufactures factor or profits from the sale of factor? \_\_\_\_\_

Name of company \_\_\_\_\_

How long employed? \_\_\_\_\_ Title/Position: \_\_\_\_\_

Do you or does anyone in your family have a bleeding disorder? \_\_\_\_yes \_\_\_\_no

Are you presently active in any organizations? \_\_\_\_yes \_\_\_\_no

If yes, please list:

\_\_\_\_\_

Have you ever served on the Board of any organizations? \_\_\_\_yes \_\_\_\_no

If yes, when and what positions did you hold and for how long?

\_\_\_\_\_

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.**

**Meetings are usually 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? \_\_\_yes \_\_\_no

If elected, would you make attending these board meetings a priority? \_\_\_yes \_\_\_no

Would it be a hardship for you to travel to and attend board meetings? \_\_\_yes \_\_\_no

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? \_\_\_ yes \_\_\_no

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.

Secretary

17200 Chenal Parkway

Suite 300 Box 326

Little Rock, AR 72223

501-428-5754

OR E-MAIL: [secretary@arkhemofoundation.org](mailto:secretary@arkhemofoundation.org)