



Hemophilia Foundation of Arkansas Inc.
BOARD OF DIRECTORS APPLICATION

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

Occupation: _____

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.

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? ___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