**Vernita Gray Council Application Form** *\*\*Please include resumé*

**Contact Information:**

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

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

*City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

*Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please Answer:**

1. Why are you interested in serving on the Vernita Gray Council for Philanthropy?
2. Have you volunteered with Howard Brown Health previously? Please describe.
3. What connections do you have to Howard Brown?
4. Have you worked with another nonprofit organization? Or healthcare organization? How have you supported them?
5. Please describe any skills, knowledge, abilities, or connections you have that could support the mission of Howard Brown Health.
6. Which Committee would you like to serve on?

\_\_\_ Outreach & Community \_\_\_ Development & Social \_\_\_ Engagement

1. If you have any contacts in any of the following areas that you would be willing to share with Howard Brown, please mark below:

\_\_\_ Catering \_\_\_ Beverage donations \_\_\_ In-kind Auction Items

\_\_\_ Lighting \_\_\_ Photography \_\_\_ Signage

\_\_\_ Financial Support

1. The financial commitment is $500 annually, either through personal donation or fundraising. Can you meet this requirement?

\_\_\_ Yes \_\_\_ No