

## **Application to the HOPE Board of Directors**

Please complete this application electronically or manually.

Please use additional pages if required.

Phone   fax   e-mail    Work (if applicable) Company & Address  phone   fax   e-mail    Summarize your experience with and/or interest in our organization.  What skills and knowledge are you willing to bring to our board?   very   some   little or no   experience   experience					
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## **Application to the HOPE Board of Directors**

If not described above, please outline your experience as a volu	unteer board or committe	ee member.	
Who may we contact for information about your performance	in these positions?		
I have been provided with a copy of the "HOPE Board Member Expectations":	YES	NO	
I can commit to the expectations as outlined in the "HOPE Board Member Expectations":	YES	NO	
Signature:			

If you have a resumé, please attach it.

Mail, fax, or e-mail completed application to:

Home Ownership for Personal Empowerment ATTN: Kristin Martin, Executive Director 21231 Hawthorne Blvd., Torrance, CA 90503 phone: 310-543-0121 fax: (310) 792-4792 kristin.martin@hope-homes.org