



MINNESOTA NETWORK OF  
HOSPICE & PALLIATIVE CARE

## Minnesota Network of Hospice & Palliative Care

### Board of Directors Nomination Form

Minnesota Network of Hospice & Palliative Care is seeking nominations for the openings on the Board of Directors for a term beginning January 2020. MNHPC Board members can serve on the Board for a maximum of six years. Each term is three years in length.

Please nominate yourself or someone else whom you believe will be an effective board member. If you nominate someone else, be sure you have their permission.

Nominations are open to people from all disciplines within a hospice organization and board nominees do not have to be part of a hospice organization. We are also seeking representatives with expertise in finance and development/fundraising.

**Complete this form and return to Bev Haynes Vice President of the MNHPC Board of Directors and Chair of the Nominating Committee for MNHPC, by Monday October 28**  
[ngruisdiekmann@seasonshospice.org](mailto:ngruisdiekmann@seasonshospice.org)

#### Information about the Nominee:

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

Organization: Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### If Nominating Someone Else

Nominator's Name: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Does this person agree to the nomination? \_\_\_\_\_

## **Board of Directors Nomination Form**

### **Questions to be answered for all candidates:**

Why is this nominee a good candidate for MNHPC's Board?

Community Affiliations (Boards, Committees, Service Clubs, etc.):

Biographical paragraph for ballot that includes information about why the person wants to be part of the Board of Minnesota Network of Hospice & Palliative Care:

*Return this form by email to Minnesota Network of Hospice & Palliative Care – [smarschalk@mnhpc.org](mailto:smarschalk@mnhpc.org)*