



# Missouri Family Health Council, Inc.

## BOARD CANDIDATE NOMINATION FORM

Name of person completing this form: \_\_\_\_\_

Organization associated with: \_\_\_\_\_

Date completed: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you be willing to make a follow-up call to this nominee? YES  NO

Name of Prospect: \_\_\_\_\_

Business/Profession: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

In what capacity do you know or work with this person? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State why you think this individual would be an asset to the board of directors and MFHC overall. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Skills of interest to MFHC: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** If you have additional comments or information, which will be useful in the consideration and recruitment of this prospect, please add here. Feel free to attach a separate page if more explanation is necessary.

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\_\_\_\_\_