



# Board of Trustees Application

---

Name \_\_\_\_\_

County of Residence (Select one)

County of Employment (Select one)

**Home Address**

\_\_\_\_\_  
Street City State Zip

Day phone \_\_\_\_\_ Night phone \_\_\_\_\_

**Business Address**

\_\_\_\_\_  
Street City State Zip

Email address \_\_\_\_\_

Occupation/Education

**Please describe any previous board, management, volunteer or fundraising experience you have.**

**Please describe any special knowledge, abilities, skills, assets or other strengths you bring to the Board of Trustees.**

**Please list any LifeSpring Board of Directors, LifeSpring Foundation Board of Trustees or staff members whom you know.**

<b>Board/Staff Name</b>	<b>Nature of Relationship</b>	<b>Length of Relationship</b>

**Please list any existing or potential personal or professional conflicts of interest that may arise from serving on the LifeSpring Foundation of Indiana Board of Trustees.**

**Please indicate your reasons for wishing to serve on the LifeSpring Foundation of Indiana Board of Trustees.**

**Please list three personal references.**

Name	Phone Number	Email Address

**I hereby certify the information provided above is truthful and complete to the best of my knowledge. I also give my consent for representatives of LifeSpring to contact my references listed above and for those listed references to disclose any information or opinions they may have regarding me.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Please attach your resume or other supportive documents to this application form and return to **Beth Keeney** via email to: [beth.keeney@lifespringhealthsystems.org](mailto:beth.keeney@lifespringhealthsystems.org) or via mail to: 460 Spring Street, Jeffersonville, IN 47130.