

Community Advisory Committee Nomination Form

The mission of the Maine Health Access Foundation is to promote affordable and timely access to comprehensive quality health care, and improve the health of every Maine resident.

Name of Nominee:

Preferred Mailing Address:

City:

State:

Zip:

City of Residence:

County of Residence:

Office Phone:

Home Phone:

Email:

Fax:

Job Title:

Employer:

CANDIDATE QUALIFICATIONS (please attach resume)

1. Commitment to MeHAF's mission: Please describe the nominee's personal or professional expertise or experience that indicates a sustained commitment to the goals of the Foundation's mission (please do not exceed one page).

2. Expertise: Please describe the nominee's experience or expertise relevant to expanding access to health care, improving health and/or health care delivery, or advancing public health, policy or health care advocacy. Please describe any experience the nominee may have that will directly assist in the successful operation of a non-profit, grant-making health care foundation, such as expertise and skills in investments and asset management, health care finance, non-profit administration and delivery of health care services (Nominees may attach a resume).

3. Philanthropic Experience: Please describe any relevant experience the nominee has had with Board service, philanthropic organizations, or nonprofit or private corporation management.

Please submit this completed form to:

Maine Health Access Foundation, 150 Capitol Street, Suite 4, Augusta, ME 04330

Email: wwolf@mehaf.org

Phone: (207) 620-8266

NOTE: Information about CAC candidates is used for internal purposes only and is not shared outside the Foundation.

DATE SUBMITTED: _____