



# Carmen's Miracle Makers

## Board Member Application

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

CMM host's 3 Board Meetings annually with preferred in-person attendance. Our Board Members are expected to volunteer and/or become donors of CMM. Would you be able to meet these requirements?

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How are you currently associated with and/or supporting Carmen's Miracle Makers?

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What experiences do you possess to best advance the Miracle Mission?

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Why is "inspiring and equipping medically complex families within the PICU & beyond" important to you?

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Name of Reference: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number \_\_\_\_\_