



WindRose
Health Network

Leading you to better health.

**COUNTYLINE
CENTER**

8921 Southpointe Drive
Ste A-1
Indianapolis, IN 46227
(317) 884-7820

**EDINBURGH
CENTER**

911 E. Main Cross St.
Edinburgh, IN 46124
(812) 526-9999

**EPLER PARKE
CENTER**

5550 South East St.
Ste C
Indianapolis, IN 46227
(317) 534-4660

**FRANKLIN
CENTER**

55 N. Milford Dr.
Franklin, IN 46131
(317) 739-4848

**HOPE
CENTER**

163 Butner Drive
Hope, IN 47246
(812) 546-6000

**TRAFALGAR
CENTER**

14 Trafalgar Square
Trafalgar, IN 46181
(317) 412-9190

APPLICATION for APPOINTMENT to the WHN BOARD of DIRECTORS

Name: _____

Address/City/Zip: _____

Bus. Ph: _____ FAX: _____

Home Ph: _____ E-Mail: _____

Employer: _____

Occupation: _____

1. Please list any experience you have had on other Boards.

2. Are you willing to commit three (3) to five (5) hours/month to Board activities? Yes No

Please list any restraints of time: _____

3. Please list your understanding re: the responsibility of the Board of Directors for a non-profit agency?

