



My Little Patient Incorporated Board Member Application

Prospective Board Members will receive consideration without discrimination regarding;
age, race, disability, nationality, religious affiliation, gender,
socioeconomic background or ethnic origin

Last Name

First Name

Middle Initial

Why are you interested in working with My Little Patient Incorporation?

In what ways do you feel you are personally aligned with My Little Patient Corporation's;
Mission, Vision, Commitments and Values?

What is your perspective on healthcare access in International communities? What do you believe is an individual's obligation to basic human rights, such as, healthcare, nutrition, education, etc?

What do you hope to accomplish by serving on the My Little Patient Incorporated's Board of Directors?

Have you ever served as the member of a Board of Directors? if yes, please list the organization and responsibilities fulfilled within the organization.

Please provide any additional information you believe would be helpful in our consideration of your application.

Signature of applicant

Date