



TAILS OF HOPE | [tailsofhopewpa.org](http://tailsofhopewpa.org)  
at The Thomas M. O'Brien Animal Care Center  
2450 Hoezle Rd. Hermitage, PA 16148  
PH: 724-346-4673 | FAX: 724-346-4674  
EMAIL: [contactus@tailsofhopewpa.org](mailto:contactus@tailsofhopewpa.org)

## TOH BOARD OF DIRECTORS APPLICATION FORM

**Vision:** Tails of Hope believes the world will be a better place when it values and ensures the well-being of companion animals, treating them with kindness and compassion.  
**Purpose:** Tails of Hope exists to address the Root Cause of pet overpopulation and the reason many animals are homeless or enter shelters and rescues in the first place.  
**Our Mission:** Tails of Hope serves as an active member of a lifesaving community offering low- to no-cost Spay/Neuter Programs, TNR Programs, Vaccine Programs, and supporting animal welfare organizations while bringing awareness to animals in need.  
**Core Values:** Commitment to Community; Compassion; Diversity & Inclusion; Growth-oriented; Professionalism; Quality of Service

### Section I: Contact Information

Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Work: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home: \_\_\_\_\_

### Section II: Current Occupational Information

Job Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Section III: Preferred Avenues for TOH Communications

Preferred Email: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_  
Preferred Mailing Address:  Home Address  Work Address



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#### Section IV: Previous Occupational Information

Job Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Employer: \_\_\_\_\_

#### Section V: Other Biographical Data

Awards/Honors Received:

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Hobbies/Special Interests:

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Special Talents:

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## Section VI: Demographic Information

*Optional:* To assist us in developing a board which is representative of our County's population, and in our desire to create a diverse & inclusive organization, please check/complete the categories which best describe you:

Gender: \_\_\_\_\_

Age Range:  Under 30  30-39  40-49  50-59  60-69  70+

Birth Date: \_\_\_\_\_

Employment Status:  Employed  Self-Employed  Unemployed  Retired  
 Other: \_\_\_\_\_

Pet Guardianship Status: What are the names, types & number of animals do you have at home?

\_\_\_\_\_  
\_\_\_\_\_

## Section VII: Areas of Interest

Please check all that apply:

- Financial Compliance/Issues  Marketing/Market Development  
 People Development  Process Improvement  
 Programs/Product/Service Development  
 Fundraising/Grant Writing  In-house volunteering  
 Other: \_\_\_\_\_

Describe your interest in Tails of Hope and what you would personally bring to our organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is a working board. What days/times are you available for volunteering for special events/ programs? \_\_\_\_\_



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### Section VIII: Acknowledgement

By signing below, I understand and agree that if I am elected to the board:

- I will be required to sign a Volunteer Waiver and Release;
- I will become a non-compensated volunteer for Tails of Hope, a registered non-profit in the state of Pennsylvania;
- I will sign a Tails of Hope "Board Member Agreement/Commitment to Serve."

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Attachment:

Provide a professional quality photo that you approve for use to "put a face to your name" as a board member in marketing and other documentation.

One more question . . . what is your favorite color? \_\_\_\_\_

**RETURN FORM TO: [contactus@tailsofhopewpa.org](mailto:contactus@tailsofhopewpa.org) SUBJECT: Board of Directors Application**

**Or you can return by mail or drop-off to the address at the bottom of this form.**

**Received and Reviewed:**

Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_