



LABDARA FOUNDATION

BOARD OF DIRECTORS NOMINATION FORM

I, _____, _____,
First Name Last Name

_____ agree to be nominated for election/appointment to the Board of Directors of Labdara Foundation.

_____ I am a member of Labdara Foundation

_____ I understand that I am required by law to provide a clear Vulnerable Sector Police Check to be a member of the Board of Directors of Labdara Foundation which operates Labdara Lithuanian Nursing Home.

Signature Date

PLEASE NOTE: The Vulnerable Sector Police Check must be completed in the municipality in which you reside.

Please email your completed application, resume, and Clear Vulnerable Sector Police Check to labdaraBOD@gmail.com by **June 6, 2024**.