

HUG Alliance
Application/Biography

Hug Alliance is a startup not-for-profit (NFP) with a mission to provide spiritual, physical and emotional support for distressed people and communities. We have at the forefront of this mission a vision of healing through giving. We believe people find greater healing when they focus on giving to a greater cause. We plan to provide resources and advice to our clients and to encourage them to participate in a community program. We are currently searching for individuals who can assist with HUG’s mission. If you are interested in applying for an opportunity to serve in some capacity, please complete the information below and return to Jeanette Maier-Lytle, Chair, via email: jcmaier@usi.edu.

Name:	Personal Address:
Email:	Phone Number(s):
Employer:	Employer Address:
Current Job Position:	NFP Position(s) (current & prior):
Prior Job Position(s):	Relevant Skills:
Areas of Interest and Passion:	Distressed Experience (stress, grief, job loss, abuse, health, etc.):

Why do you personally want to be involved in Hug Alliance?

What capacity would you be interested in serving? State all that apply. (See explanations below.)

A Director is responsible for the control and management of the affairs and operations of Hug Alliance and would exercise all the duties and powers as defined in the Bylaws.

A Life Coach is responsible for assisting clients that have found themselves in a period of distress and are in need of spiritual, physical or emotional support. For example, someone may be experiencing anxiety or stress and desire a listening ear or resources for overcoming their distressed situation.

A Volunteer has the opportunity to assist with any number of activities. A list of activities includes, but is not limited to, fundraising, planning community events, moderating support groups, preparing and/or locating resource materials, working at community events, developing social media platforms, etc.

If selected in any capacity, I agree to volunteer my time to carry out the mission. Hug Alliance reserves the right to terminate my participation at any time, and I understand that I can likewise terminate my participation at any time. All information submitted on this application is true, complete and valid to the best of my knowledge. By entering my name and date below I give consent to this form submission.

Name: _____ Date: _____

If you have additional information you would like to include, you can attach another page. If you have any questions, you can call or text Jeanette Maier-Lytle at 812-457-4749 or email at jcmaier@usi.edu.