



We are your health

Board of Directors Candidate Application

Date _____

Name _____

Residence

Address _____

Phone _____ E-Mail _____
(Home) (Cell)

Are you a patient at CHCCW? ()Yes ()No

Were you referred to serve on the CHCCW Board? ()Yes ()No

If yes, who referred you? _____

Employer

Name _____

Your Title _____

Address _____

Phone _____ Email _____

Type of Business or Organization _____

Primary Services(s) and Area/Population Served _____

Preferred Method of Contact: ()Work ()Residence ()Cell

Please list Boards and Committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious and social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Training/Certificates

Optional – Have you received any awards or honors that you'd like to mention?

What benefit do you foresee happening with your involvement with the Community Health Center of Board of Directors?

Skills, Experience and Interests (Please circle all that apply)

- | | |
|----------------------------------|------------------------|
| Finance, Accounting | Education, Instruction |
| Personnel, Human Resources | Special Events |
| Administration, Management | Grant Writing |
| Nonprofit Experience | Fundraising |
| Community Service | Outreach, Advocacy |
| Policy Development | Other _____ |
| Program Evaluation | Other _____ |
| Public Relations, Communications | Other _____ |

Please list any groups, organization or businesses that you could serve as a liaison on behalf of the Community Health Center.

Please tell us anything else you'd like to share.

Thank you for applying!