



**SOUTHWEST COMMUNITY HEALTH CENTER
BOARD MEMBER APPOINTMENT APPLICATION**

Personal Information (Please Print)

Name:			
Address:			
City:		Zip Code:	
Phone Number:			
Email Address:			

Education	Name and location of School or University	Year Graduated	Degree
High School			
College			
Other			

Community Organization Affiliations (past and present)	Year



Please describe your reasons for wanting to serve as a Volunteer (unpaid) Board member: WANT THIS??

The following information is used to assure equal representation. Completion of the following section is voluntary and is not required to consider or appoint you as a Board member but does give you the opportunity to declare how you identify yourself. **Please check all that apply and specify as you wish.**

Race: White/Caucasian Black/African American American Indian Alaska Native
 Asian Native Hawaiian or Pacific Islander Decline Other

Ethnicity: Appalachian Hispanic Latino/Latina of Spanish origin Decline other

Gender: Female Male Decline Other

Veteran Status: Veteran Not a Veteran Decline

Members of the Board of Directors serve the organization either as someone who uses our services (a patient) or as someone who is a community representative (non-user). As a federally qualified health center (FQHC), our health center board of directors is required to have at least 51% patient representation.

Someone who is the parent of a SWCHC patient or who is financially responsible for someone who uses our services may qualify for the position providing patient representation. Please indicate if you are a SWCHC patient or the financially responsible party of a SWCHC patient.

Patient financially responsible party of a SWCHC patient.



If you are applying as a non-patient representative, does more than 10% of your annual income derive from the healthcare industry? Yes No.

Please check particular interests or specialty knowledge:

- | | | |
|---|---|---|
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Quality Management | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Communication/Public Relations | <input type="checkbox"/> Government Relations | <input type="checkbox"/> Quality |
| <input type="checkbox"/> Management/Assurance | <input type="checkbox"/> Financial | <input type="checkbox"/> Strategic Planning |

Conflict of Interest Assurance: By signing below I attest that the following statements are true:

- Neither I nor my spouse, child, parent, brother, sister, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law are employed by Southwest Community Health Center.
- Within the last 10 years, were you convicted, plead guilty or no contest, or consent to a pretrial diversion to a felony? Yes _____ No _____.

Volunteer (unpaid) Board Member Duties:

- Attend most if not all board meetings.
- Attend annual board member training.
- Serve on applicable subcommittees of the boards.

Applicant's Statement: I have read and completed the application accurately and honestly. I deny any conflicts of interest and agree to fulfill Volunteer Board Member Duties to the best of my ability. I acknowledge that service on the Board is unpaid (with reimbursement for mileage and authorized expenses only) and provides me with an opportunity to serve my local community. **I understand that appointment makes me ineligible to be employed at a contract provider of the Board and if such employment should be desired in the future, I will follow all directives of the Joint Commission including resignation from the Board and completion of prescribed waiting period before accepting employment with a contract agency.**

I understand and agree that all information contained in this application is a public record.

Signature of Applicant

Date