

NORTHEASTERN OKLAHOMA COMMUNITY HEALTH CENTERS, INC.

PROSPECTIVE BOARD MEMBER APPLICATION

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

Name (please print) \_\_\_\_\_

Address (please print) \_\_\_\_\_

Telephone Number(s) where you would prefer to be reached (please print and indicate work, home, cell, etc.) \_\_\_\_\_

Gender: Male  Female  Do you, or would you, use the health center? Yes  No

Social Security Number (Required for federal documentation): \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Race/Ethnicity (required for federal demographic requirement): \_\_\_\_\_

1. Tell us about your background and what strengths or special perspectives you would bring to the Northeastern Oklahoma Community Health Center, Inc. Board of Directors:

---

---

---

---

2. Please list any experience you have had as a board member or committee member:

---

---

---

3. Why do you think you would be a good choice for board member?

---

---

4. Give us some idea of what you already know about community health centers:

---

---

*Please complete both sides of the form.*

5. Approximately how much time per month could you give to meetings and committee work?

---

6. Please provide four personal references that can attest to your character and commitment:

Name	Phone	In what capacity they know you
------	-------	--------------------------------

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

7. Northeastern Oklahoma Community Health Center's committees are Finance, Continuous Quality Improvement, Personnel, Nominations/Membership, Board Development, Planning, Bylaws, and Building Committee. Would you be interested on serving on one of these committees? If so, which one and why?

---

8. Is there another type of committee that you would like to lead?

---

---

9. Are you related to anyone on our board? If so, whom and what relationship?

---

10. Are you related to anyone who works for us? If so, whom and what relationship?

---

11. On what other boards do you serve?

---

We appreciate your interest in Northeastern Oklahoma Community Health Centers. Thank you for taking time to complete this application. Community health center boards of directors are required to reflect the community they serve, and so may have only specific board slots available.

*Please fax to (918) 772-2244*

*Please complete both sides of the form.*