

Iberia Comprehensive Community Health Center, Inc.
(A Federally Qualified Health Center)

Application for Board of Director

We are an Equal Opportunity Board. We consider applicants for Board Membership without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Our Board Membership is in accordance with the Bureau of Primary Health Care (BPHC) Program Expectations (See PIN 98-23).

(Please Print)

Date of Application

Last Name	First Name	Middle Name
Address	City/State	Zip Code
Telephone Number(s)	Date of Birth	e-mail Address:

EDUCATION

School	Name and Address of School	Course of Study	No. of years completed	Diploma/Degree
College				
High School				
Other (Specify)				

CURRENT WORK EXPERIENCE

Please give accurate complete full-time and part-time employment information about your present or most recent job.

Employer Name, Dates Employed (From-To) and Work Performed

PROFESSIONAL REFERENCES			
Name/Address	Phone Number	Best Time to Call	Occupation
1.			
2.			

PERSONAL REFERENCES			
Name/Address	Phone Number	Best Time to Call	Relationship
1.			
2.			

- 1) Are you a current user of the clinic's services? Yes No
- 2) If no, would you become a user of the clinics services to meet BPHC Expectations?
 Yes No
- 3) Best time to contact you at home is: _____:_____ am / pm
- 4) Date available to serve _____/_____/_____
- 5) Can you travel to attend meetings or conferences? Yes No
- 6) To your knowledge, are you related to any Board Members or Staff of Iberia Comprehensive Community Health Center Incorporated or a satellite site? Yes No
- 7) If yes, to whom and what relationship?

- 8) Have you been arrested and or convicted of a crime in the past, including misdemeanors that have not been annulled, expunged or sealed by a court? Yes No
If yes, Please describe in full: _____

- 9) Were you referred by someone associated with ICCHC? Yes No
- 10) If yes, whom? _____
- 11) ICCHC is seeking nominees who possess a variety of skills. Please indicate your areas of interest and strengths (Please check all that apply).
 Fundraising
 Budgeting and Finance Management
 Awareness of Economic trends & their potential impact.

- Knowledge of current Domestic & Global Issues
- Objectivity
- Community Contacts
- Public Speaking
- Marketing and Public Relations
- Sensitivity to Issues pertinent to needs within the community.
- Long Range Strategic Planning

12)What skill or attribute do you bring to the board of directors that would benefit ICCHC? Please explain.

13)Involvement in other activities in the community?

14)Have you been involved in fundraising efforts and personal commitments to charitable causes?

15)Is your employer or business supportive in allowing time necessary to attend meetings? (Such as annual conferences, in-service training)? Yes No

The information provided in this application for membership as a Board Member of Iberia Comprehensive Community Health Center Incorporated is correct and complete. Any omission of facts on this application or misleading information may result in my dismissal as a Board Member. I understand that acceptance of an offer of Board Member does not create a contractual obligation upon the Iberia Comprehensive Community Health Center Incorporated to continue to keep me as a Board Member in the future. With my signature below I agree to abide by all rules and regulations of the bylaws and program expectations which guide this volunteer Board.

Signature

Date

Company Use Only
Date of Applicant Interview
Date Application Presented to Full-Board
Signature of Nominating Committee Chair
Signature of Board Chair