



APPLICATION TO BOARD OF DIRECTORS

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

CLINIC USER Yes \_\_\_ No \_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Are you related to an employee of La Casa Family Health Center? Yes \_\_\_\_\_ No \_\_\_\_\_

**PREVIOUS BOARD EXPERIENCE HERE OR ELSEWHERE:**

Where

When


**AREAS OF EXPERIENCE RELATED TO BOARD FUNCTIONS/RESPONSIBILITIES:**

(Please give an idea of type of experience next to areas you check:

- ☐ Community Service \_\_\_\_\_
- ☐ Finances \_\_\_\_\_
- ☐ Health Center Operations \_\_\_\_\_
- ☐ Medical Services \_\_\_\_\_
- ☐ Planning & Development \_\_\_\_\_
- ☐ Public Relations \_\_\_\_\_
- ☐ Social Services \_\_\_\_\_
- ☐ Others \_\_\_\_\_
- ☐ Educational Background \_\_\_\_\_

[illegible]

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