



Board of Directors Application Form

Thank you for your interest in joining the Park DuValle Community Health Center Board of Directors! Use this form to provide useful information about yourself, to ensure the best match between you and the company that might want to consider you for its Board of Directors. The following information will be shared:

Your Name: _____

Your Home Phone Number: _____ Cell Number: _____

Your address: _____

Your email address (please write it carefully):

Briefly describe why you would like to join our Board of Directors:

(You may write below and/or attach a cover letter and resume.)

Your current organizational affiliations (names of the organization and your role(s)):

1. _____

2. _____

3. _____

4. _____

Please check the boxes below which apply to you. Information about ethnic origin, race, age, experience, and residence helps us to meet specific Federal requirements which compare our Board composition to our overall patient mix and areas of expertise our Board has determined is needed.

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |

Other skill(s) of yours that you would like to utilize? _____

Are you a Park DuValle Community Health Center Patient? ____ Yes ____ No

If yes, which of your locations do you receive health care services?

- | | |
|--|--|
| <input type="checkbox"/> Park DuValle CHC @ Wilson Ave. | <input type="checkbox"/> Park DuValle CHC @ Henry |
| <input type="checkbox"/> Park DuValle CHC @ Russell | <input type="checkbox"/> Park DuValle CHC @ Central HS |
| <input type="checkbox"/> Park DuValle CHC @ Newburg | <input type="checkbox"/> Park DuValle CHC @ PRP HS |
| <input type="checkbox"/> Park DuValle CHC @ Taylorsville | <input type="checkbox"/> Park DuValle CHC @ Dental Van |

Ethnic Origin

- American Indian/Alaska Native
- Asian/Pacific Islander
- African American/Black
- Caucasian/White
- Hispanic/Latino (all races)

Age

- 20-29
- 30-39
- 40-49
- 50-59
- 60 and up

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your Signature: _____ Date: _____

Submit application and supporting documents to CEO Dr. Jett at sjett@pdchc.org.