

**COWLITZ FAMILY HEALTH CENTER
Board and Committee Member Application Form**

Thank you for your interest in serving our Community Health Center. The following questions are designed to help us know you better and to make sure that your volunteer service to our organization will be a valuable and positive opportunity for both of us.

Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail address _____

Are you or anyone in your household a Consumer of FHC Primary Care Services? I am

My minor child(ren) Person I'm a legal guardian for Other person in household

Experience and Expertise

Please tell us about your professional and work experience, including relevant employment.
(Attach a resume if available.)

DESIRED BOARD SKILLS/ATTRIBUTES/REPRESENTATION (Please check any that apply)

- | | |
|--|--|
| <input type="checkbox"/> Healthcare Professional | <input type="checkbox"/> Organizational Development Professional |
| <input type="checkbox"/> Strategic Planning Professional | <input type="checkbox"/> Business/Corporate Professional |
| <input type="checkbox"/> Financial/Investment Banking Professional | <input type="checkbox"/> Marketing/Public Relations Professional |
| <input type="checkbox"/> Fundraising/Development Professional | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Legal Professional/Attorney | <input type="checkbox"/> Philanthropic Community |
| <input type="checkbox"/> Elected Official/Public Policy | <input type="checkbox"/> Community Advocate |

Level of education completed?

- High School Diploma Community College Certificate (in _____)
- Undergraduate Degree (in _____)
- Post-Graduate Degree (in _____)

Any professional or community organization affiliations? Yes No (If Yes, please describe)

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Please check all the following that apply to you:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Black | |

I am homeless (living in a shelter, supportive housing, on the street or living with family/friends)

Community and Volunteer Involvement

Any prior Board or Committee service? Yes No (If Yes, please describe) _____

Other volunteer experience? Yes No (If Yes, please describe) _____

How long have you lived in this community? _____

About You and Your Interests

What interests you about our organization? _____

Why would you like to serve on our Board or Committee? _____

How could we best take advantage of your expertise? _____

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Please tell us what you think FHC's mission and services are, and how FHC benefits our community. _____

- Yes No Will you actively support the policies of FHC?
- Yes No Are you able to devote 1-3 hours per month to FHC Board meetings?
- Yes No Are you able to devote 1-3 hours per month to FHC Committee work?
- Yes No Are you able to attend a 2-6 hour training session for new Board members?
- Yes No Are you able to attend an 8-hour strategic planning session?
- Yes No Are you willing to make a financial donation and/or participate in fundraising?
- Yes No Are you willing to solicit United Way contributions?
- Yes No Do you have any conflicts of interest (a financial or personal interest sufficient to influence or appear to influence the objective exercise of your duties)? If yes, explain _____

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BOARD MEMBER CODE OF ETHICS

As a member of the Board I will:

1. Represent the interests of all people served by CFHC and not favor special interests inside or outside CFHC.
2. Not use my service on the CFHC Board for my own personal advantage or the advantage of my friends or associates.
3. Keep confidential information confidential.
4. Respect and support the majority decisions of the Board.
5. Approach all Board issues with an open mind prepared to make the best decision for everyone involved.
6. Do nothing to violate the trust of those who elected me to the Board or of those we serve.
7. Focus my efforts on the mission of CFHC and not on my personal goals.
8. Never exercise authority as a Board member except when acting in a meeting with the full Board, or as I am delegated by the Board.
9. Consider myself a trustee of CFHC and do my best to ensure that it is well maintained, financially secure, growing, and always operating in the best interests of those we serve.

Signature

Date