



Board Member Application

Name: _____

Home Address: _____

Phone (primary): _____

Phone (secondary): _____

E-mail (primary): _____

E-mail (secondary): _____

Work Industry Type: _____

Are you a current health center patient and have had an appointment with the past 24 months?

___ Yes ___ No **If Yes, what location:** _____

Do you have any relatives working for Southeast Community Health Systems?

___ Yes ___ No **If Yes, please name the employee:** _____

Summarize your knowledge, experience with, and your interest in our organization.



What skills and knowledge are you willing to bring to our board? Please indicate your experience in the following areas.	very experienced	some experience	little or no experience
strategic planning			
fundraising			
board development (recruitment, training, evaluation)			
program planning and evaluation			
recruiting, hiring, and evaluating personnel			
financial management and control (budgeting, accounting)			
communication, public and media relations			
participation in interagency committees			
public speaking			
organizational development			
information technology			
writing, journalism			
special events (planning and implementing)			
governance			
compliance			
quality improvement and assurance			
grant writing			

For the items you checked as “very experienced” or “some experience”, please provide details.

If not described above, please outline your experience as a volunteer board or committee member?

Who may we contact for information about your performance in these positions?

If you have a resume, please include it with the application.

Mail completed applications to **Nominating Committee, PO Box 770, Zachary, LA 70791.**