

OAK ORCHARD HEALTH (OOH)

APPLICATION FOR BOARD OF DIRECTORS MEMBERSHIP

Name: _____ Date of Birth: _____

Address: _____ City & Zip: _____

Phone # (Land) : _____ (Cell) _____ E-mail: _____

Occupation: _____ If retired, indicate former occupation: _____

How did you learn of the opportunity to serve on the OOH Board of Directors? _____

Oak Orchard Health Center's mission is to cultivate patient-centered health and wellness by providing engaged and innovative health care for our community. Below, please tell us why you are interested in serving on the OOH Board of Directors, indicating the contributions you believe you can make to OOH's mission.

Do you have prior experience as a Not-for-Profit Board Member? ____ Yes ____ No. If yes, please Identify the organization and your role.

Will you be able to attend the board meetings held on the fourth Wednesday of each month? ____ Yes ____ No

Have you been an OOH Patient in the last 24 months? ____ Yes ____ No

Do you have a dependent adult or child that has been an OOH Patient in the last 24 months? ____ Yes ____ No

Do you or any member of your family work for or supply goods or services to OOH? ____ Yes ____ No

Are you willing to complete (at no personal financial cost) the online Board Member Training Program provided by the National Association of Community Health Centers (NACHC) within the first six (6) months of appointment to the Board? ____ Yes ____ No

As an agency supported in large part by federal funds, board members are required to be vetted. If asked to join the board, are you willing to provide your Social Security number and Date of Birth? ____ Yes ____ No

Signed: _____ Date: _____ Rec'd _____

Please attach:

- A copy of your most recent professional or personal resumé or CV
- A completed Prospective and current Board Member Information Survey

Forward your completed materials to:

Meredith Field

Governance.Committee@oochc.org

If you have any questions, email Meredith Field at Governance.Committee@oochc.org
