



**OAK ORCHARD COMMUNITY HEALTH CENTER (OOCHC)
APPLICATION FOR BOARD OF DIRECTORS MEMBERSHIP**

Please Note: In cases where limited English proficiency or literacy may present a barrier to the board member’s evaluation of written materials, OOCHC will provide reasonable accommodations (i.e., translation services), to ensure the meaningful participation of the board member. (OOCHC BOD Bylaws III.4.B)

Name: _____

Street 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 OOCHC Board of Directors? Referral by staff? Board member? Patient? Non-patient friend or associate? Our website? Bulletin board at one of our sites, if so, which? This can have more than one response.

Oak Orchard Health Center’s mission is to cultivate patient-centered health and wellness by providing engaged and innovative health care for our community. OOCHC is a Federally Qualified Health Care Center (FQHC): a community-based and patient-centered health care center providing our services to EVERYONE, regardless of insurance status or ability to pay.

Our core values are **excellence, respect, and integrity.**

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 OOCHC’s mission.

Please tell us about your community connections with social services organizations, advocacy or health care.

Do you have prior experience as a Not-for-Profit Board Member? ___Yes ___No. If yes, please identify the organization and describe your role.

Do you have knowledge, skills and/or expertise in:

Finances/Accounting? ___ Risk management or compliance? ___ Human Resources? ___
Strategic planning? ___ Quality Improvement? ___ Communications or marketing? ___
Data Analytics? ___ Healthcare? ___

Do you have any professional certifications? _____

Have you represented, worked closely with, or do you have expertise in, the Migrant and Seasonal Agricultural Workers (formerly known as Migrant and Seasonal Farm Workers) Community?

Will you be able to attend board meetings held on the 4th Wednesday of each month (in person or virtual)? ___Yes ___No

Will you be able to participate in committees as needed (in person or virtual)? ___Yes ___No

Have you been an OOCHC Patient in the last 24 months? Medical, dental, vision or behavioral health (do not need to specify) ___Yes ___No

Do you have a dependent adult or child that has been an OOCHC Patient in the last 24 months?
___Yes ___No

Do you have the legal authority to make health care decisions for a patient? ___Yes ___No

If you are NOT a patient, do you derive more than 10% of your income from the health care industry (to include persons with direct patient contact including medical, dental, and behavioral health providers, nurses, and those in direct support roles such as medical assistant or technician, and patient-facing staff of a hospital or outpatient facility)? If so, please explain:

Do you or any member of your family work for or supply goods or services to OCHC? 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 resume or CV and submit to:**

Meredith Field
Governance Committee Chair

If you have any questions, please email:

Governance.Committee@ochc.org