



**Application for Membership on the
FHN Board of Directors**

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX NUMBER: _____

EMAIL: _____

BEST TIME TO CONTACT: _____

OCCUPATION: _____

EMPLOYER: _____

HAVE YOU EVER SERVED ON A BOARD BEFORE? YES NO

IF YES, WHAT BOARD(S): _____

DO YOU **CURRENTLY** SERVE ON OTHER BOARDS, FOUNDATIONS, OR ELECTED POSITIONS?
 YES NO

IF YES, WHAT BOARD(S): _____

DO YOU USE FAMILY HEALTH NETWORK FOR ANY SERVICES? YES NO

IF YES, WHICH FHN HEALTH CENTER IS YOUR PRIMARY CENTER? _____

DOES ANY MEMBER OF YOUR IMMEDIATE FAMILY OR SOMEONE FOR WHOM YOU ARE LEGALLY RESPONSIBLE
USE FAMILY HEALTH NETWORK FOR ANY SERVICES?
 YES NO

IF YES, NAME AND RELATIONSHIP OF INDIVIDUAL TO YOU: _____

Please complete the information on the back of the form

DO ANY OF THE MEMBERS OF YOUR FAMILY LISTED BELOW WORK FOR FHN?

YES NO

CHECK ALL THAT APPLY (NOTE THAT FOR PARENT/CHILD/SIBLING – INCLUDE IN-LAWS AS WELL)

SPOUSE/DOMESTIC PARTNER CHILD PARENT SIBLING

Please check the appropriate box or boxes.

| Area of Expertise/Interest | I have experience or expertise in this area | I am interested in this area |
|--|---|------------------------------|
| Board leadership • Serving as an officer • Serving as a chair of a board committee | | |
| Business | | |
| Community Involvement | | |
| Education | | |
| Finance | | |
| Fundraising | | |
| Healthcare Administration | | |
| Healthcare Delivery | | |
| Legal | | |
| Personnel/Human Resources | | |
| Planning | | |
| Public Relations or Marketing | | |
| Religion | | |

Board Committees

| Committee | For Current Board Members | | For Prospective Board Members | |
|---------------------|---------------------------------|--------------------------------------|---|--|
| | I am currently on the committee | Please remove me from this committee | I would like to serve on this committee | Please do not put me on this committee |
| Finance | | | | |
| Personnel | | | | |
| Planning & Program | | | | |
| Quality Improvement | | | | |
| Governance | | | | |
| Executive | | | | |

References (preferably not family):

| Name: | Relationship to Applicant | Phone Number | Email Address |
|-------|---------------------------|--------------|---------------|
| | | | |
| | | | |
| | | | |

Other comments:

Signature

Date