Northeastern Rural Health Clinics
Prospective Board Member Application
(Please attach resume)

Name: _____

Address: _____

Mailing address: _____

Employer: _____

Occupation: _____ **Business phone:** _____

Home Phone: _____ **Cell phone:** _____

E-mail address: _____

What is your understanding of Northeastern's purpose, goals, and function?

_____

_____

Please describe your experience on other boards, including any leadership roles:

_____

_____

Please describe your previous and current community involvement:

_____

_____

How do you believe you can contribute to Northeastern (NRHC) as a Board Member?

_____

_____

Are you related to any present/past NRHC staff member OR to any present/past NRHC Board of Director? **Yes** ☐ **No** ☐

IF you answered <u>yes</u> to the question above to whom are you related?

_____

Are you available to attend evening Board meetings and committee meetings at least twice a month? **Yes** ☐ **No** ☐

Are you a patient at any of NRHC's clinics? **Yes** ☐ **No** ☐

_____ _____

Signature **Date**