



APPLICATION TO BOARD OF DIRECTORS

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

DATE OF BIRTH _____ CLINIC USER Yes ___ No ___

PLACE OF EMPLOYMENT _____

OCCUPATION _____ EMAIL ADDRESS _____

PHONE NUMBER _____

Are you related to an employee of La Casa Family Health Center? Yes _____ No _____

Have you received a COVID-19 vaccine? Yes _____ No _____

If No, do you plan on receiving a COVID-19 vaccine? Yes _____ No _____

PREVIOUS BOARD EXPERIENCE HERE OR ELSEWHERE:

Where	When

AREAS OF EXPERIENCE RELATED TO BOARD FUNCTIONS/RESPONSIBILITIES:

(Please give an idea of type of experience next to areas you check:

- Community Service _____
- Finances _____
- Health Center Operations _____
- Medical Services _____
- Planning & Development _____
- Public Relations _____
- Social Services _____
- Others _____
- Educational Background _____

