



Health Partnership Clinic

Application for Board Membership

A. Identifying Information

PLEASE PRINT CLEARLY

LAST NAME: _____ FIRST NAME: _____ M: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ WORK: _____

E-MAIL: _____

B. Employment Information Check Here If Not Applicable _____

EMPLOYER: _____

WORK ADDRESS: _____

WORK TELEPHONE: _____ WORK E-MAIL: _____

EMPLOYMENT HISTORY: _____

C. OTHER INFORMATION

1. ARE YOU A PATIENT OF THE HEALTH PARTNERSHIP CLINIC? ___ YES ___ NO

2. ARE YOU INVOLVED IN COMMUNITY VOLUNTEER WORK? ___ YES ___ NO

IF YES, PLEASE LIST: _____

3. PLEASE LIST OTHER BOARDS ON WHICH YOU CURRENTLY SERVE: _____

4. PLEASE LIST AT LEAST TWO (2) REASONS WHY YOU WANT TO SERVE ON THE BOARD OF HEALTH PARTNERSHIP CLINIC (HPC):

5. PLEASE LIST AT LEAST TWO (2) SKILLS/ASSETS THAT YOU WILL BRING TO THE HPC BOARD:



Health Partnership Clinic

D. Statement of Understanding

I understand that I will be considered by members of the Health Partnership Clinic's Board of Directors, and that if I accept an invitation to become a Board member, I will be required to sign both a Conflict of Interest form and a Confidentiality form. I also understand I am committing to regular attendance at Board meetings, service on Board committees, and attendance at Board education sessions. Finally, I understand that I am committing to doing my best to always act in the best interests of Health Partnership Clinic, the Clinic's Board and staff, and all of the Clinic's patients.

Applicant's Name (printed) _____

Applicant's Signature _____ **Date** _____