



BOARD OF DIRECTORS MEMBER APPLICATION

INTRODUCTION

This is an application to serve as a volunteer member of the Board of Directors for Community Health Care, Inc. (CHC).

Community Health Care, Inc. is a non-profit organization with a Mission "To provide the communities we serve with excellence in patient-centered medical, dental, and behavioral health care that is compassionate, affordable, and accessible."

It is the responsibility of the Board of Directors to provide oversight of the Health Center Program and details of all other responsibilities are state in the CHC ByLaws.

Community Health Care, Inc. is a recipient of a grant from the federal government to operate as a Federally Qualified Health Center (FQHC). FQHCs are non-profit or public entities that serve designated medically under-served populations. To qualify as a FQHC, the health center must demonstrate that it is responsive to the needs of the population it serves. For the Board of Directors, this means that the Board must be composed of a majority (at least 51%) of members who are health center patients and whose composition broadly reflects that of the community at large. The following application requests personal information related to your role as a prospective Board member, including information specifically related to the FQHC requirements regarding Board composition.

Community Health Care, Inc. ByLaws and Standards of Conduct include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods to the health center. No board member shall be an employee of the health center or an immediate family member of an employee.

If you have an interest in serving on the Board of Directors, we ask that you complete the application form and return it to CHC, by email to: anicholson@chcqca.org, by mail Community Health Care, Inc., Attn: Amy Nicholson, 500 W River Drive, Davenport, Iowa 52801 or fax to 563-336-3044.

PERSONAL INFORMATION

Name: _____

Mailing Address: _____

Preferred Phone: _____ Email Address: _____

EMPLOYMENT

Employer Name: _____

Employer Address: _____

Job Title: _____

OTHER

What specific skills or experience would you bring to CHC? Please check all that apply.

- Banking/Finance Business Community Affairs Education
- Government Health Care Human Resources Legal Affairs
- Social Services Trade Unions Other:

Which Board Committee(s) would you be interested in serving on? Please check all that apply.

- Audit ByLaws Finance & Operations
- Human Resources Nominating Quality Improvement

Have you served on a board before?

- Yes No

Have previously worked at CHC?

- Yes No

If yes, where? Please tell us about your board experience and/or employment with CHC.

The CHC Board meets monthly at the Administrative Center located at 120 N Ripley Street, Davenport, Iowa 52801. Meetings are generally scheduled for the first Tuesday of each month at 5:30 pm. Will you be able to attend monthly meetings?

- Yes No

The following information is helpful to determine whether or not your presence on the Board will satisfy the governance requirements for an FQHC. This information is optional and will not disqualify you for consideration as a Board member.

Do you presently receive any income from the healthcare industry?

Yes No

Have you, your child, or any member of your household obtained care from CHC within the past 2 years?

Yes No

Are you related either by birth, marriage, or adoption to anyone currently employed by CHC?

Yes No

Are you a Veteran?

Yes No

Gender

Male Female

Are you Hispanic or Latino?

Yes No

Date of Birth:

____/____/_____

Please indicate how you identify yourself.

American Indian or Alaskan Native

Asian

Black or African American

White

Native Hawaiian/Other Pacific Islander

CONSENT

I agree and understand by providing this information, I am expressing an interest in potential Board membership and this form is not binding on myself or CHC in any way. I understand, by submitting this form, I am agreeing to be interviewed/considered as a board candidate.

I understand Board members serve voluntarily (non-paid). I understand a Board term is 3 years and I can serve 2 consecutive terms. I believe, at this time, I could make such a commitment. I understand the expectation of Board members is to attend monthly Board meetings and participate as a member of at least one standing Board committee.

I further agree and understand, if I am presently a patient at CHC, my potential Board membership publicly identifies me as a patient of CHC to members of the current Board and other CHC staff who may review this form. Thus, any and all other health information regarding my medical care at CHC remains confidential and protected. I, therefore, accept this disclosure, and do not hold CHC responsible for the limited disclosure.

Lastly, I have read and will support the mission of Community Health Care, Inc. "To provide the communities we serve with excellence in patient-centered medical, dental and behavioral health care that is compassionate, affordable and accessible."

Signature: _____