



# ST CROIX REGIONAL FAMILY HEALTH CENTER (SCRFHC)

## Board Member Application Form

To the Board of Directors of SCRFHC:

I, \_\_\_\_\_, hereby apply for a seat on the organization's Board of Directors.

### **Please Type or Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nature of Employment: \_\_\_\_\_

\_\_\_\_\_

In what town do you reside? \_\_\_\_\_

SCRFHC is my primary healthcare provider: \_\_\_\_ Yes \_\_\_\_ No

Other areas of expertise/experience/affiliations (e.g. community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be a Board Member? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What special contributions would you make as a Board Member? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other nonprofit, volunteer commitments or Board experience: \_\_\_\_\_

\_\_\_\_\_

Additional information you would like shared with the Board: \_\_\_\_\_

\_\_\_\_\_

Please list the names of any of the current Board Members that you know: \_\_\_\_\_

\_\_\_\_\_

Please list the names of any of the current St Croix Regional Family Health Center employees that you are related to: \_\_\_\_\_

\_\_\_\_\_

Please read the attached **Board Expectations**.

If you become a Board Member would you accept the responsibilities of a Board Member as outlined in the **Board Expectations**? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: Many people apply for open board positions. A selection process follows, including: screening, interviewing, and matching with current board needs.*

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**FOR BOARD USE ONLY**

Nominee has had a personal meeting with either, the Executive Director, Board President, or other Director.

Date of Meeting: \_\_\_\_\_

Nominee reviewed by the Recruitment Committee.

Date Reviewed: \_\_\_\_\_

Nominee attended Board meeting and interviewed by Board.

Date Attended: \_\_\_\_\_

Action taken by Board: \_\_\_\_\_