



Your Health Our Mission
Serving the Southern Oregon Coast

BOARD OF DIRECTORS MEMBER APPLICATION

Prospective board members are invited to submit a completed application and professional CV or resume to Terri Tiffany, Coast Community Health Center Board Development Committee.

Mail or hand deliveries:
Coast Community Health Center
Attn: Board Development Chair
1010 First Street SE, Suite 110
Bandon, OR 97411

Electronic submissions should include "Coast Community Health Center Board Application" in the subject line.

OR

Send email to:

cchc@coastcommunityhealth.org

1010 FIRST STREET SE, SUITE 110
BANDON, OREGON 97411
coastcommunityhealth.org
541-347-2529

COAST COMMUNITY HEALTH CENTER
Board of Directors Application

INTRODUCTION

This is an application to serve as a volunteer member on the Board of Directors for Coast Community Health Center.

Coast Community Health Center is a non-profit voluntary organization: The Mission of the Coast Community Health Center is to increase the availability of affordable, high quality primary and preventive health care for all.

It is the responsibility of the Board of Directors to monitor, oversee and provide overall direction for CCHC in furtherance of the Mission, approve the planning and selection of organizational policies, programs and services. These responsibilities are articulated in further detail in CCHC BYLAWS in Article VI, section 3, Duties.

Coast Community Health Center is the 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 of members who are health center patients and whose composition broadly reflects that of the community at large. The following application request personal information related to your role as a prospective Board member, including information specifically related to the aforementioned FQHC requirements regarding Board composition.

Conflict of Interest Policy: Health center bylaws or written corporate board approved policy 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. The Chief Executive may serve only as an ex-officio member of the board (45 CFR Part 74.42 and 42 CFR part 51c.304 (B)).

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FEDERAL DOCUMENTATION

The information below is requested to ensure that the Board maintains the composition required by the Bureau of Primary Health Care.

Are you currently a client, or the parent of a client, of Coast Community Health Center?
(You and/or your child has been seen by a provider within the last 12 month.)

YES NO

Monthly Board of Directors Meetings occur at Coast Community Health Center, located at 1010 First Street SE, Bandon, Oregon 97411. Meetings are generally scheduled the last Wednesday of each month at 9:00 a.m. Will you be able to attend monthly meetings?

YES NO

Date of Birth (month/day/year): ____/____/____

Gender

FEMALE MALE

Race

Asian	Native Hawaiian
American Indian/Alaska Native	Other Pacific Islander
Black/African American	White
	More than one race

Ethnicity

Hispanic or Latino Non-Latino

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PERSONAL INFORMATION

Name

Last: _____ First: _____ Middle: _____

Home Address: _____

Phone

Home: _____ Work: _____ Cell: _____

Email Address: _____

WORK HISTORY

Are you currently employed in the health care industry?

YES NO

Please provide information about your present employment. Retired individuals, or those presently unemployed, may provide most recent employment information. Please attach your complete professional CV or resume separately.

Employer: _____

Job Title: _____

Dates of Employment (month/year): _____ to _____

Brief description of work responsibilities: (up to 75 words)

EDUCATION AND TRAINING

Education: High School (or equivalent) -or- College/University

Degrees (degree, college/university):

Undergraduate: _____

Graduate: _____

Additional Training, Certification: _____

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STATEMENT OF INTEREST

Why are you interested in the health of our community? (up to 150 words):

Please enter your full name in the areas marked "Print Name" and "Signature." By completing hand-written or electronic signatures, you identify yourself as the person completing this application and acknowledge Release of Information Consent and Consent to Photograph.

RELEASE OF INFORMATION CONSENT

The information I have provided and the responses given are correct and complete to the best of my knowledge and belief. Coast Community Health Center staff or board members may contact any individuals/agencies, etc., documented in this application for the purpose of verifying the information provided. Additionally, I am aware that my application is subject to public disclosure.

Print Name Signature Date

CONSENT to PHOTOGRAPH

I authorize Coast Community Health Center to videotape, take a digital image or other image of me, and I agree that the negatives, digital images, video, or photographs may be kept, stored, and used in health center promotion and publications.

Print Name Signature Date

Health Center Use:

Application received by _____
Date

Application CV/resume additional attachments _____