



## Covered Bridge Healthcare of St. Joseph County, Inc BOARD MEMBER APPLICATION

- 1. Who is our Board?** Our Board consists of a diverse group of 9 to 15 community member volunteers that do not work for Covered Bridge Healthcare and are not related to its employees. Most of our Board Members are also patients of Covered Bridge Healthcare.
- 2. What is our Board responsible for?** Our Board is responsible for the stewardship of Covered Bridge Healthcare with the aim of insuring that Covered Bridge Healthcare serves our community effectively and remains financially stable into the future. We are responsible also for the hiring, evaluation, and dismissal of the Chief Executive Officer (CEO) position.
- 3. How does our Board function?** We make decisions as a group during well-organized meetings where everyone is heard. Our board functions through the policy governance model, with input from all we develop the mission, vision, and values of Covered Bridge Healthcare as well as broad policies with clear limits that allow our staff to have the freedom to do what they need to do in order to meet our mission.

**Please complete the application below and submit with a copy of your resume to: Covered Bridge Healthcare, Board Recruitment, 658 E Main St, Centreville, MI 49032.**

**Please print or type applicable information:**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone: (Home/Cell)** \_\_\_\_\_ **(Business)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Age Group:** 20 – 30 yrs  31 – 40 yrs  41 – 50 yrs  51– 60 yrs  61 – 70yrs  Above

**Ethnicity** \_\_\_\_\_ **Sex:** Male  Female

Are you or your relatives currently engaged in business with the Health Center? Yes  No

If yes, please describe \_\_\_\_\_

Are you related to any employees or Board members? Yes  No  If yes, who? \_\_\_\_\_

Are you currently serving on other Boards Yes  No  If yes, which Board(s) \_\_\_\_\_

Do you currently use any services provided by Covered Bridge Healthcare? Yes  No

**Skills and Qualifications**

Please summarize any training, skills, licenses, certificates and/or characteristics that are valuable to board service:

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**Occupation and Title:** \_\_\_\_\_

**Company Name and Address:** \_\_\_\_\_

1. As a federally qualified health center (FQHC), the Health Center Board has a majority representation from those who currently use our medical services for themselves or as a parent/guardian.
  - If applying as a patient, please indicate whether you have used the Health Center within the past twelve months for:                      yourself       as a parent/guardian
  - If you are the parent/guardian and are elected to the Board, we will need to verify the name of your family member who comes to the Health Center.

2. Are you able to attend monthly meetings? Yes       No

3. Are you available to attend a Board Committee meeting once a month?      Yes       No

4. Briefly explain your current and/or past activities and involvement within Health Care organizations:

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5. Briefly explain your current and/or past board experience:

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6. Areas of expertise you would bring to the board (please check as many as apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Strategic Planning         | <input type="checkbox"/> Marketing/PR/Communications |
| <input type="checkbox"/> Fundraising                | <input type="checkbox"/> Health Policy/Public Policy |
| <input type="checkbox"/> Legal                      | <input type="checkbox"/> Training/Facilitation       |
| <input type="checkbox"/> Accounting/CPA             | <input type="checkbox"/> Community Networking        |
| <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Other: _____                |

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

Date Received by the Health Center Board or applicable committee: \_\_\_\_\_