



## **GNCHC Board Application**

### **INTRODUCTION**

This is an application to serve as a volunteer member of the Board of Directors for Good Neighbor Community Health Center (GNCHC).

GNCHC is a non-profit organization whose mission is working together with the community to provide access to quality healthcare.

It is the responsibility of the Board of Directors to monitor, oversee and provide overall direction for GNCHC, as well as approve the planning and selection of organizational policies, programs and services. These responsibilities are explained in further detail in the GNCHC bylaws.

GNCHC 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 underserved populations. To qualify as an 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 broadly reflects that of the community at large. The following application requests information 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 and employees. No board member shall be an employee of the health center or an immediate family member of an employee.

**The information below is requested to ensure that the Board of Directors maintain the composition required by the Health Resources and Services Administration (HRSA).**

Are you currently a patient at GNCHC?

Yes  No

Have you been seen at GNCHC within the past 24 months?

Yes  No

Are you currently employed in the health care industry?

Yes  No

Monthly Board of Directors Meetings occur at GNCHC. Meetings are generally scheduled on the fourth Thursday of each month at 11:00 AM. Will you be able to attend monthly meetings?

Yes  No



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### Personal information

Last: \_\_\_\_\_ First: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Race:	Asian	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>
	American Indian/Alaskan Native	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>
	Pacific Islander	<input type="checkbox"/>	White	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>	Other: _____	
	Ethnicity:	Hispanic or Latino	<input type="checkbox"/>	Non-Hispanic or Latino

### Educational background

High School/GED	<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>
Associate's Degree	<input type="checkbox"/>	Doctorate Degree	<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>		

Degrees: \_\_\_\_\_

Additional Training/Certification: \_\_\_\_\_