



## **GNCHC Board Application**

Are you, or is an immediate family member, an employee of East Central District Health Department?

Yes  No

Monthly Board of Directors Meetings occur at GNCHC. Meetings are currently scheduled on the fourth Thursday of each month at 10:30 AM. Will you be able to attend monthly meetings?

Yes  No

### **Personal information**

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

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

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

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

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

Gender: Male  Female

Race: Asian  Black/African American

American Indian/Alaskan Native  Native Hawaiian

Pacific Islander  White

Unknown  Other: \_\_\_\_\_

Ethnicity: Hispanic or Latino  Non-Hispanic or Latino

### **Educational background**

High School/GED  Master's Degree \_\_\_\_\_

Associate's Degree  Doctorate Degree \_\_\_\_\_

Bachelor's Degree  Professional Degree \_\_\_\_\_

Additional training: \_\_\_\_\_