



**APPLICATION FOR THE STANISLAUS COUNTY
COMMUNITY HEALTH CENTER BOARD**

The composition of this board is subject to federal requirements and restrictions. Information collected is to assure compliance with federal and local rules.

I, _____ hereby make
application for consideration by the Stanislaus County Community Health Center Board.

Address: _____

City & Zip Code: _____

Phone: (Home) _____ (Business) _____ (Cell) _____

Email Address: _____

Particular strengths, background, experience, perspective, and talents which might contribute significantly to efficient administration of local government programs and effective representation of the public sector on policy development are as follows:

Employment Experience:

Organization and Community Experience:

Reason for Application:

Education (high school, college, trade school, or training)

Are you or any of your immediate family members employed by Stanislaus County? Yes ___ No ___

Do you have any financial or professional interest or association related to this position? Yes ___ No ___
If yes, please explain.

Do you earn income from the healthcare industry? Yes ___ No ___ (example: nurse)

Please list three references with telephone numbers.

	<u>Name</u>	<u>Phone</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Other information continued from the first page (Optional):

A resume containing other pertinent information about yourself that would be helpful to the Board members in evaluating your application is optional and may be attached.

I understand board members serve voluntarily (non-paid) and meet on at least a monthly basis.

Date: _____ Signature: _____

***Please note that members of the board must annually file a Conflict of Interest (form 700) which is a matter of public record. More information is available, too, at the FPPC website: www.fppc.ca.gov