

**INFORMATION FOR APPOINTMENT TO THE STANISLAUS COUNTY  
COMMUNITY HEALTH CENTER BOARD**

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

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

City & Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

\*Ethnic Background: \_\_\_\_\_

\*Optional, unless you are applying for a clinic "user" seat.

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)

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](http://www.fppc.ca.gov)