



neighborhood HEALTH

BOARD OF DIRECTORS MEMBER APPLICATION

Prospective board members are invited to submit a completed application and professional CV or resume to Angie Zaegel, Neighborhood Health Clinics President/CEO.

Mail or hand deliveries:
Neighborhood Health Clinics
Attn: Board Development
1717 S. Calhoun St.
Fort Wayne, IN 46802

Electronic submissions should include "Neighborhood Health Clinics Board Application" in the subject line.

OR

Send email to:

info@nhci.org

1717 S. Calhoun St.
Fort Wayne, IN 46802
260-458-2641
www.mynhfw.org

Neighborhood Health Clinics
Board of Directors Member Application

INTRODUCTION

This is an application to serve as a volunteer member on the Board of Directors for Neighborhood Health Clinics.

Neighborhood Health Clinics is a non-profit voluntary organization: Neighborhood Health Clinics mission is to provide access to quality health services where everyone is care for with compassion and respect.

It is the responsibility of the Board of Directors to monitor, oversee and provide overall direction for Neighborhood Health Clinics in furtherance of the Mission, approve the planning and selection of organizational policies, programs, and services. These responsibilities are articulated in further detail in Neighborhood Health Clinics BYLAWS in Article IV- Directors.

Neighborhood Health Clinics is the recipient of a grant from the federal government to operate as a Federally Qualified Health Center (FQHC). FQHC's are non-profit or public entities that serve designated medically underserved populations. To qualify as a 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 must be composed of a majority of members who are health center patients and whose composition broadly reflects that of the community it serves. The following application requests personal information related to your role as a prospective Board member - including information specifically 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, employees, consultants, and those who furnish goods to the health center. No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as an ex-officio member of the board (45 CFR Part 74.42 and 42 CFR part 51c.304 (B)).

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FEDERAL DOCUMENTATION

The information below is requested to ensure that the Board maintains the composition required by the Bureau of Primary Health Care.

Are you currently a client, or the parent of a client, of Neighborhood Health Clinics? (You and/or your child has been seen by a provider within the last 24 months.)

- YES NO

If yes, check ALL services that apply.

- Medical Dental Optometry Behavioral Health WIC

Monthly Board of Directors Meetings occur at Neighborhood Health Clinics, located at 1717 S. Calhoun St., Fort Wayne, IN 46802. Meetings are generally scheduled the first Thursday of each month at 12:00 p.m. Will you be able to attend monthly meetings?

- YES NO

Date of Birth (month/day/year): ____/____/____

Gender

- FEMALE MALE

Race

- Asian Native Hawaiian/ Other Pacific Islander
 American Indian/Alaska Native White
 Black/African American More than one race

Ethnicity

- Hispanic or Latino Non-Latino

Are you an employee or any immediate family members an employee of Neighborhood Health Clinics (i.e., spouses, children, parents, or children through blood, adoption, or marriage)?

- YES NO

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PERSONAL INFORMATION

Last Name: _____ First _____ Middle _____

Home Address: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

WORK HISTORY

Are you currently employed in the health care industry?

- YES NO

Please provide information about your present employment. Retired individuals, or those presently unemployed, may provide most recent employment information. Please attach your complete professional CV or resume separately.

Employer: _____

Job Title: _____

Dates of Employment (month/year): _____ to _____

Brief description of work responsibilities: _____

EDUCATION AND TRAINING

Education: High School (or equivalent) -or- College/University

Degrees (degree, college/university):

Undergraduate: _____

Graduate: _____

Additional Training, Certification: _____

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REFERENCES

Please list the names and phone numbers of 3 non-family references.

1.Name: _____ Phone # _____

2.Name: _____ Phone # _____

3.Name: _____ Phone # _____

STATEMENT OF INTEREST

Why are you interested in the health of our community?

COMMUNITY INVOLVEMENT

Please list any boards or committees that you serve on or have served on.

Organization	Role/Title	Date of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Please enter your full name in the areas marked "Print Name" and "Signature." By completing hand-written or electronic signatures, you identify yourself as the person completing this application and acknowledge Release of Information Consent.

RELEASE OF INFORMATION CONSENT

The information I have provided, and the responses given are correct and complete to the best of my knowledge and belief. Neighborhood Health Clinics staff or board members may contact any individuals/agencies, etc., documented in this application for the purpose of verifying the information provided. Additionally, I am aware that my application is subject to public disclosure.

Printed Name

Signature

Date

Health Center Use:

Application received by _____

Name

_____ Date

Application CV/resume additional documents_____

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