



Community Health Center

**BOARD OF DIRECTORS MEMBERSHIP APPLICATION**

Thank-you for expressing your interest in joining the Board of Directors of HealthCare Choices, Inc. HealthCare Choices is a Federally Qualified Health Center which provides total health care to both homeless and community members.

Please complete this application, attach a copy of your resume, and return to HealthCare Choices, attention: Maria Siebel, 6209 16<sup>th</sup> Avenue, 11204. Your application will be presented to and reviewed by the Board of Directors at its next regularly scheduled meeting.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone No.: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Work Telephone No.: \_\_\_\_\_

1. WHO RECOMMENDED THAT YOU BECOME A MEMBER OF THE BOARD OF DIRECTORS?

\_\_\_\_\_

2. WHY DO YOU WISH TO SERVE ON THE BOARD OF A NOT-FOR-PROFIT AGENCY?

DO YOU HAVE SPECIFIC INTERESTS IN THIS AREA?

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\_\_\_\_\_  
\_\_\_\_\_

3. ARE YOU AVAILABLE TO ATTEND MEETINGS DURING EVENING HOURS?

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4. ARE ANY DAYS PREFERABLE WITH RESPECT TO BOARD MEETINGS?

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5. DO YOU HAVE ANY PAST EXPERIENCE WITH NOT-FOR-PROFIT AGENCIES, OR WITH THE MENTALLY DISABLED?

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6. PLEASE LIST YOUR PARTICIPATION IN CIVIC; COMMUNITY OR CHURCH GROUPS (if any):

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7. COMMENTS ABOUT YOURSELF OR ICL HEALTHCARE CHOICES YOU WOULD LIKE TO ADD:

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Applicant's Signature

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Date