

Board Member Application

Name: _____

Home Address: _____

Phone (primary): _____

Phone (secondary): _____

E-mail (primary): _____

E-mail (secondary): _____

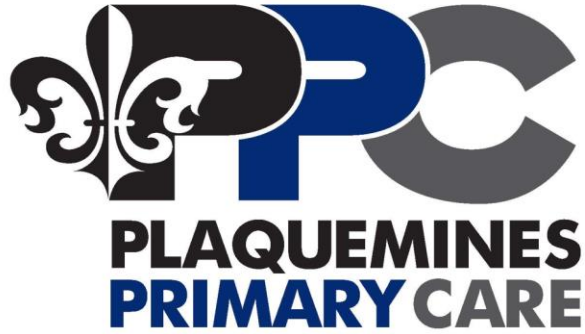
Work Industry Type: _____

Are you a current health center patient and have had an appointment in the past 24 months? ___ Yes ___ No

Do you have any relatives working for Plaquemines Primary Care? ___ Yes ___ No

If Yes, please name the employee: _____

Summarize your knowledge, experience with, and your interest in our organization.



| What skills and knowledge are you willing to bring to our board? Please indicate your experience in the following areas. | very experienced | some experience | little or no experience |
|--|------------------|-----------------|-------------------------|
| strategic planning | | | |
| board development (recruitment, training, evaluation) | | | |
| program planning and evaluation | | | |
| recruiting, hiring, and evaluating personnel | | | |
| financial management and control (budgeting, accounting) | | | |
| communication, public and media relations | | | |
| participation in interagency committees | | | |
| organizational development | | | |
| governance | | | |
| compliance | | | |
| quality improvement and assurance | | | |
| public speaking | | | |

For the items you checked as “very experienced” or “some experience”, please provide details.

If not described above, please outline your experience as a volunteer board or committee member?

Who may we contact for information about your performance in these positions?

If you have a resume, please include it with the application.

Mail completed applications to Plaquemines Primary Care-Nominating Committee, 27136 Hwy 23, Suite A, Port Sulphur, LA 70083.