

**Board of Directors Application Form**

*(You must be currently receiving primary care at Metro Health to be eligible for this position)*

**Section 1: Your Contact and Demographic Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Your Medical Record Number is a 4- or 5-digit number that can be found in your patient portal.*

Pronouns: \_\_\_\_ Birth Year: \_\_\_\_\_\_\_\_\_\_\_\_

Current address: \_\_\_\_\_\_

Email:

Phone:

Race & Ethnicity:

Gender:

Gender Identity:

 Cisgender Transgender Gender Nonbinary Other: \_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Your Background Information**

Current employment status:

 Full Time Part Time Seeking Employment

 Retired Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name (if employed):

Years with current employer: Years in current field:

Current occupation:

What is your professional background?

What other volunteer positions have you held?

Please list your degrees (including the school):

**Section 3: Mission Alignment**

In what ways have you interacted with our organization before applying for the board (examples: committee member, client, donor, event attendee, etc)?

Why is our mission important to you?

Why do you want to be on our board?

**Section 4: Governance**

If you have served on a board before, please provide the name, dates of service and reason for leaving for the three most recent board positions:

1.
2.
3.

Do we have your permission to contact the organizations above to ask about your board service with them?

 Yes No Not Applicable

Each year, every board member is required to disclose any potential conflicts of interest as a board member. Please describe any conflicts of interest you would need to disclose if you joined the board:

Board meetings are scheduled for the last Tuesday of each month from 5:30 to 7:00 PM. Are you available at this time? Yes No

The minimum expectations for board members are listed below. Please confirm your ability and willingness to meet each.

If selected for the board:

\_\_\_\_\_ I will attend and actively participate in at least 10 of the 12 monthly board meetings.

\_\_\_\_\_ I will make a personal annual financial gift at a level that is personally significant.

\_\_\_\_\_ I will raise at least $500 per year for the organization by direct solicitations, selling tickets to events, or other fundraising activities.

\_\_\_\_\_ I will serve on at least one committee and attend at least 85% of the monthly meetings.

\_\_\_\_\_ I will manage at least three relationships on behalf of the organization.

Please check the times you are available for an interview with the Nominating Committee meeting:

\_\_\_\_\_ February 10 at 5:30 PM

\_\_\_\_\_ February 10 at 6:30 PM

\_\_\_\_\_ February 10 at 7:30 PM

\_\_\_\_\_ February 11 at 5:30 PM

\_\_\_\_\_ February 11 at 6:30 PM

\_\_\_\_\_ February 11 at 7:30 PM

\_\_\_\_\_ February 16 at 5:30 PM

\_\_\_\_\_ February 16 at 6:30 PM

\_\_\_\_\_ February 16 at 7:30 PM

\_\_\_\_\_ February 19 at 5:30 PM

\_\_\_\_\_ February 19 at 6:30 PM

\_\_\_\_\_ February 19 at 7:30 PM

Please attach your resume to this application