

NEW BEDFORD COMMUNITY HEALTH BOARD OF DIRECTORS RECRUITMENT APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Phone Numbers: Home _____ Business _____

Fax: _____ E-mail: _____

1. Please tell us why you would like to become involved at New Bedford Community Health.

2. What specific skills or competencies would you bring to New Bedford Community Health?

Please check (v) all that applies to you.

- | | |
|--|--|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Legal Affairs |
| <input type="checkbox"/> Education | <input type="checkbox"/> Business/Corporate Skills |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Banking and Trusts |
| <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Governance |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Managed Care |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Philanthropic Reputation |
| <input type="checkbox"/> Board Experience – please explain _____ | |
| <input type="checkbox"/> Volunteer Experience – please explain _____ | |

Other: _____

3. Board members are expected to prepare for and attend one Board and one committee meeting per month. Is this a commitment you are able to make?

- Yes No

4. Please indicate from the committees listed below the one that is of most interest to you.

Finance/Planning/Audit: responsible for overseeing the financial matters of the Health Center.

Personnel Committee: responsible for reviewing and approving personnel policies and procedures.

Quality Oversight Committee: responsible, with a multi-discipline team, to oversee and ensure the quality of patient care.

5. Do you speak a language other than English? If so, will you require translation services?

6. Are you a patient of New Bedford Community Health or the parent of a child who is a patient of the Health Center? If no, are you willing to use the services of the Health Center?

7. Please describe any work, volunteer, or school experience that you think might be relevant.

8. Board members may not have immediate family members who are employed by the Health Center. *An immediate family member is defined as a parent; sibling; child by blood, adoption or marriage; spouse; grandparent or grandchild.*

By signing this application I attest that I do not have any immediate family members who are employed by the Health Center.

How did you learn of this volunteer opportunity? _____

Thank you for your interest in the New Bedford Community Health. Should you have any questions, please call Michelle Kennedy at 508-342-4219

Please submit the completed application to the Board of Directors, c/o Administration, New Bedford Community Health, 874 Purchase Street, New Bedford, MA 02740, email to mkennedy@gnbchc.org or fax to 508-984-8420.

Signed: _____ Date: _____