

Application for Board and Board Committee Membership

Thank you for your interest in serving Community Health Center of Snohomish County. The following questions are designed to help us know you better and to make sure that your volunteer service to our organization will be a valuable and positive opportunity for both of us.

Contact Information

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

E-mail Address _____

Experience and Expertise

Please tell us about your professional and work experience, including relevant employment.

(Attach a resume if available.)

Skill or expertise areas? (Please limit response to the three most applicable)

- | | |
|--|---|
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Marketing/PR |
| <input type="checkbox"/> Education | <input type="checkbox"/> Medical/Health Professions |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Personnel/HR |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Agency Administration |
| <input type="checkbox"/> Government | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Healthcare Administration | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Legal | |

Any professional or community organization affiliations?

Yes No (If Yes, please describe)

Do you derive more than 10% of your annual income from the healthcare industry?

Yes No (If Yes, please describe)

Community and Volunteer Involvement

Are you a patient at Community Health Center of Snohomish County?
(i.e. seen within the last 24 months)

Yes No

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Do you live or work within the CHC service area?

Yes No

If yes, which zip code?

Do you represent a special population (i.e. special medically underserved populations)?
Examples include, but are not limited to: migrant workers, homeless, public housing, etc.

Yes No (If Yes, please describe)

Any prior board or committee service?

Yes No (If Yes, please describe)

Other volunteer experience?

Yes No (If Yes, please describe)

About You and Your Interests

What interests you about Community Health Center of Snohomish County?

Why would you like to serve on our board, or serve on a board committee?

How could we best take advantage of your expertise?

Are you able to make a time commitment of 6 to 8 hours a month to attend and prep for board and/or committee meetings, and/or other trainings?

Yes No (If No, please describe your availability)