

**Regional Health Care Affiliates, Inc.**  
**D.B.A. Health First Community Health Center**  
**Application for Board Membership**

<b>I. Identifying Information</b>	
<b>Date:</b>	
<b>Name:</b>	
<i>(First Name)</i>	<i>(Middle Name)</i>
<i>(Last Name)</i>	
<b>Date of Birth:</b> ____ / ____ / ____	<b>SS#:</b> ____ - ____ - ____
<b>Place of Birth:</b>	
<b>II. Home Address</b>	
<b>Street:</b>	
<b>P.O. Box:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>E-Mail Address:</b>	
<b>III. Work Address</b>	
<b>Street:</b>	
<b>P.O. Box:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	
<b>Telephone:</b>	<b>Fax:</b>
<b>E-Mail Address:</b>	
<b>IV. Occupation</b>	
<b>Employer (If Retired, Please List Previous Occupation):</b>	
<b>How long have you been in your present occupation?</b>	
<b>Years</b>	<b>Months</b>
<b>Do you or your family currently use the services provided by Regional Health Care Affiliates, Inc.?</b>	
<b>YES</b>	<b>NO</b>
<b>Do you or your family currently use the services provided by Regional Health Care Affiliates, Inc.?</b>	
<b>If appointed as a Board Member, would you consider becoming a patient of a Regional Health Care Affiliates, Inc. clinic?</b>	
<b>YES</b>	<b>NO</b>
<b>V. Educational Background</b>	
<b>Please briefly describe your formal education and training. Include dates/institutions attended, degrees/diplomas awarded, honors and recognition received, etc.</b>	

**Regional Health Care Affiliates, Inc.**  
**D.B.A. Health First Community Health Center**  
**Application for Board Membership**

**VI. Employment History**

Please briefly describe your employment history. Include dates/names/locations of organizations worked for, position(s) held, etc.


**VII. Memberships/Activities**

Please list your current and most recent memberships (within the past five years) on community/agency governing or advisory boards, steering committees, workgroups and task forces. Also please acknowledge your involvement in any civic, business, professional and educational organizations and/or associations. Include the dates of service and positions held.


**VIII. References**

Please provide the names and contact information of three (3) individuals who could speak to your ability to serve as an objective Board Member.

<b>Name:</b>	<b>Title/Position:</b>
<b>Organization:</b>	
<b>Telephone:</b>	<b>Fax:</b>
<b>E-Mail Address:</b>	

**Regional Health Care Affiliates, Inc.  
D.B.A. Health First Community Health Center  
Application for Board Membership**

<b>Name:</b>	<b>Title/Position:</b>
<b>Organization:</b>	
<b>Telephone:</b>	<b>Fax:</b>
<b>E-Mail Address:</b>	

<b>Name:</b>	<b>Title/Position:</b>
<b>Organization:</b>	
<b>Telephone:</b>	<b>Fax:</b>
<b>E-Mail Address:</b>	

<b>IX. Statement of Interest</b>
<b>Please describe why you would like to serve as a Member of the Board of Directors of Regional Health Care Affiliates, Inc.</b>

<b>X. Committee Interest (Please Check Two)</b>
Financial and Personnel Committee
Quality Assurance/Performance Improvement Committee
Planning and Development Committee
Nominating and Board Development Committee
Marketing and Public Relations Committee

**Regional Health Care Affiliates, Inc.**  
**D.B.A. Health First Community Health Center**  
**Application for Board Membership**

**XI. Conflict of Interest Statement**

Please disclose all business activities (i.e., financial interest, ownership or position of employment, etc.) in which either you, an immediate family member or other relations are involved that may present a possible Conflict of Interest in serving on the Board of Directors of Regional Health Care Affiliates, Inc. Additionally, please list all Boards and business/professional/government associations (e.g., Bank Board of Directors, School Board, Board of Health, Fiscal Court, etc.) in which either you, an immediate family member or other relations belong to.

**YES**

**NO**

If responding *YES* to the questions above, please explain in the space provided on the following page. (Note: Failure to fully disclose a potential Conflict of Interest may result in the disqualification of the Board Application and dismissal from the Board of Directors.)


As a condition of membership on the Board of Directors, you will be required to have a criminal background check performed. Your name will also be submitted for an Office of the Inspector General search for Medicare and Medicaid sanctions, and if you are a healthcare professional, your name will be submitted to the National Practitioner Data Base for a practice query. Negative results from any of these searches will result in disqualification as a Board Member.

Have you been convicted of a criminal or felony offense?

**YES**

**NO**

If responding *YES* to the question above, please explain. (Note: Failure to fully disclose a criminal conviction may result in the disqualification of the Board Application and dismissal from the Board of Directors.)


**Regional Health Care Affiliates, Inc.**  
**D.B.A. Health First Community Health Center**  
**Application for Board Membership**

**XII. Affirmation of Accuracy and Completeness**

I understand I have the responsibility for producing adequate information for proper evaluation of my qualifications to serve as a Member of the RHCA Board of Directors, and for addressing any concerns about such qualifications. I understand that a condition of this application is that any misrepresentation or omission from this application, whether intentional or not, is cause for automatic and immediate rejection of this application and it shall not be processed any further. I affirm that information provided in, or attached to, this application is correct, complete and honest.

*(Signature)*

*(Date)*

**XIII. Supplemental Documents**

**Please attach a current Curriculum Vitae or Professional Resume to this Application.**