

SUNSHINE COMMUNITY HEALTH CENTER
HC89 Box 8190
Talkeetna, Alaska 99676
907-733-2273
907-733-1735 Fax

APPLICATION/NOMINATION FOR BOARD OF DIRECTORS

| *Please print or type*

Name _____

Address _____

Telephone Number (Home) _____ (Work) _____

(Cell) _____ Email Address _____

Occupation _____ Employer _____

1. Why do you want to serve on the Board of Sunshine Community Health Center?

2. Are you able to devote at least 10-12 hours per month to Board activities including committee meetings? (It could be more on months with special projects).

3. Are you available to meet on the last Tuesday of every month at 6:30 p.m.?

4. What special talents do you feel you can contribute to the Board?

5. Do you have prior experience as a board member? If so, with what organization(s) do you have experience and when did you serve? What leadership experience do you have?

6. To what other organizations do you belong?

7. If you were not chosen to serve on the Board at this time, would you be interested in participating as a member of one of the committees?

8. Have you used any SCHC services Willow/Sunshine in the past 12 months?

9. Do you have any immediate family members working at Sunshine Community Health Center?

Thank you for your interest in Sunshine Community Health Center.

Signature_____ Date_____

Name (*Print*)_____

If more space is needed for answers/comments, please use the reverse side.