



Our Mission

Sunshine Community Health Center is committed to accessible, proactive, quality health care, promoting community wellness through outreach and education.

Our Core Values

Compassion, Integrity, Teamwork, Trust, Respect, Quality, Community-Based, Fiscal Responsibility

The Board of Directors would like to thank you very much for your interest in serving on the Sunshine Community Health Center’s board. For us to develop a deeper understanding of prospective board members we’d like to ask you to fill out this form and answer all questions to the best of your ability.

Information Regarding Prospective Board of Directors Candidate
(Please print or type)

Name: Last _____ First _____ Middle Initial _____

Address: (Physical) _____

(Mailing) _____

Telephone Number(s): Home _____ Work _____

Cell _____ Other _____

E-mail Address _____

Occupation _____ Employer _____

Please answer the following questions for review:

1. What do you know about the Sunshine Community Health Center? Why are you interested in committing your time and energy to sitting on the Sunshine Community Health Center Board of Directors?



9. Do you have immediate family members employed at Sunshine Community Health Center? If 'Yes', please describe their affiliation with the clinic.

- YES
- NO

10. Do you have basic computer skills (i.e. comfortable utilizing email, browsing websites, creating and/or editing documents and spreadsheets, etc.)? If 'YES', please briefly describe your skills.

- YES
- NO

11. Do you have prior experience as a board member? If 'YES', when and within what organization(s) and in what position(s) did you serve? Did your board experience involve sitting on a working board or a governing board?

- YES
- NO

12. Are you presently serving as a board member with other organization(s)? If 'YES', what are the names of these organizations?

- YES
- NO



13. Based on any previous board experience what do you see as the components of a successful board meeting?

14. Please take a moment to read our mission statement located near the top of the first page. How does this statement fit in with your desire(s) to serve on the Sunshine Community Health Center Board of Directors?

15. What types of experience do you have with the surrounding communities and their members (i.e. volunteering, operating a business, supporting local causes, etc.)?

16. What are some passions in your life?

17. Have you ever been convicted of a crime? If 'YES', please elaborate as to when and for what:

- YES
 - NO
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We appreciate and thank you for your interest in the Sunshine Community Health Center Board of Directors. You will be contacted by a board member soon. If you are filling this out electronically, please email it to rspaulding@sunshineclinic.org and sloomis@sunshineclinic.org. If you would prefer to print out the application and

Talkeetna Clinic: HC89 Box 8190 ♦ Talkeetna, Alaska 99676 ♦ Mile 4.4 Talkeetna Spur Road ♦ Telephone: (907) 733-2273 ♦ Fax: (907) 733-1735
Willow Clinic: P.O. Box 1049 ♦ Willow, Alaska 99688 ♦ 24091 Long Lake Road ♦ Telephone: (907) 495-4100 ♦ Fax: (907) 495-8121



complete it by hand it can be mailed to our Talkeetna office or delivered to either of our clinic locations listed below.

Sunshine Community Health Center Talkeetna

34300 S Talkeetna Spur Road

Mailing address:

ATTN: Board of Directors

HC 89 BOX 8190
Talkeetna, AK 99676

Sunshine Community Health Center Willow

24091 Long Lake Road

Willow, AK 99688

Signature: _____ Date: _____