

**Northeastern Rural Health Clinics
Prospective Board Member Application**

Name: _____

Address: _____

Mailing address: _____

Employer: _____

Occupation: _____ **Business phone:** _____

Home Phone: _____ **Cell phone:** _____

E-mail address: _____

What is your understanding of Northeastern's purpose, goals, and function?

Please describe your experience on other boards, including any leadership roles:

Please describe your previous and current community involvement:

How do you believe you can contribute to Northeastern (NRHC) as a Board Member?

Are you related to any present/past NRHC staff member OR to any present/past NRHC Board of Director? Yes No

IF you answered yes to the question above to whom are you related?

Are you available to attend evening Board meetings and committee meetings at least once a month? Yes No

Are you a patient at any of NRHC's clinics? Yes No

Signature

Date