



NORTHEASTERN RURAL HEALTH CLINICS
 1850 Spring Ridge Road, Susanville, CA 96130 (530)251-5000
 Board of Directors Candidate Application

Name, Phone, email address of Organizational representative: _____

Please Return this application to the above address by (date): _____

Date: _____

Name: _____
 First MI Last

DOB: _____ **State of Birth:** _____

Residence

Address: _____

Phone: _____ **E-mail:** _____

Employer

Name: _____

Your Title: _____

Address: _____

Phone: _____ **E-mail:** _____

Type of business or organization: _____

Primary service(s) and area /population served: _____

Preferred method of contact Work Residence

Please list boards and committees that you serve on, or have served (business, Civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Training/Certificates: _____

Optional- Have you received any awards or honors that you'd like to mention?



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How do you feel Northeastern would benefit from your involvement on the Board?

Skills, experience and interests (please circle all that apply)

Finance, accounting

Education, instruction

Personnel, human resources

Special events

Administration, management

Grant writing

Nonprofit experience

Fundraising

Community service

Outreach, advocacy

Police development

Other _____

Program evaluation

Other _____

Public relations, communications

Other _____

Please list any groups, organizations or businesses that you could serve as a liaison on behalf of Northeastern.

Please tell us anything else you'd like to share.

Thank You very much for applying.

Please save this form once completed, attach and email to
slia@northeasternhealth.org