



Application for Board Membership

Name: _____ **Occupation:** _____

Address: _____ **Home Phone:** _____

_____ **Cell Phone:** _____

E-mail address: _____ **Business Phone:** _____

Please check the class or classes of Board Membership for which you are applying:

- Consumer:** Representative of the patient population served by UHC, who relies upon UHC for his/her regular and recurrent health care.
- Migrant / Seasonal Agricultural Worker:** An individual whose principal occupation is agricultural on a seasonal basis, or a member of his/her immediate family.
- At Large:** Representative from selected health, business, social services, or other community groups who are interested in the health needs of the population.

- Male **Age Group:** 17 or younger 30 – 44 60 or older
 Female 18 – 29 45 – 59

Do you have any immediate family members that are employees of UHC? Yes No
(Immediate family is defined as your spouse, domestic partner, child, parent, sibling, grandparent, grandchild, respective in-laws, or any legal dependant)

Please check the education or skills you could contribute to our Board:

- | | | |
|-------------------------------------------------|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Accounting / Finance | <input type="checkbox"/> Management | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Marketing / Planning | <input type="checkbox"/> Social Services Experience |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Education | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Health Care Experience | <input type="checkbox"/> Lobbying | <input type="checkbox"/> Law & Legal Affairs |
| <input type="checkbox"/> Real Estate Experience | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Non-Profit Board Experience |
| <input type="checkbox"/> Other: _____ | | |

On what other Boards have you served:

 Name of Board _____
City

 Office Held (if any) _____
Number of Years on this Board

 Name of Board _____
City

 Office Held (if any) _____
Number of Years on this Board

Of what charitable or community activities have you been a part?

Could you regularly attend monthly Board meetings? Yes No **Conflicts?** _____

How many hours per month, in addition to meetings, could you serve UHC? _____

What is your interest in this organization?

Of the following committees, please indicate where your expertise and interests are (you may check more than one):

- | | |
|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Quality Improvement | <input type="checkbox"/> Finance / Auditing |
| <input type="checkbox"/> Personnel / Grievance | <input type="checkbox"/> Bylaws |
| <input type="checkbox"/> Nominating | |

Please write a brief statement of your understanding of this organization's mission.

Signature

Date

For UHC Use Only:

Date received: _____

Date to Committee: _____

Date to Board: _____