

NorthLakes

COMMUNITY CLINIC

BOARD OF DIRECTORS NOMINATION APPLICATION

Candidate Name: _____ Email Address: _____

Candidate Full Home Address: _____

Candidate Phone Number:

Home: _____

Cell: _____

Work: _____

Thank you for your interest in serving on the board membership for NorthLakes Community Clinic!

As a Federally Qualified Health Center (FQHC), we exist to provide high quality, culturally sensitive, comprehensive primary care to communities and/or populations that have not had access to such care. And, to ensure that we are responsive to our community's needs, we have very specific requirements regarding the composition of our governing board. Here are the requirements:

- Have between 9-25 members
- All must be residents of the service area of the health center and accurately represent the service area population culturally and in terms of race, age, socio-economic status, etc.
- At least 51% must be consumers (patients) of the health center
- Less than 50% of the non-consumer members may receive income from the health care industry

We are committed to having directors who represent our patients and our community. Your answers to the following questions will help us make sure we recruit and maintain a diverse, representative, and highly qualified board to lead and direct our health center. We appreciate your candid responses. If there are any questions you are not comfortable answering, you may leave them blank.

1. Please briefly describe your reason/s for wanting to join the NorthLakes Community Clinic Board of Directors

- | | | |
|--|-----|----|
| 2. Are you currently a patient of NorthLakes Community Clinic? | Yes | No |
| 3. If not, are you willing to become a patient at NorthLakes?
(your PRIMARY provider for one or more of our services
would be a NorthLakes provider) | Yes | No |

4. Questions 5-14 below will provide some information about your demographics and your experience. Beyond those specific details, what can you tell us regarding your skills, life experiences, special interests, insights and passions you would be able to bring to the board?

5. What county do you live/work in? _____

6. Are you available NOW or in the future? How much time do you feel you could commit to board membership? (example: x hours/month)

7. What is/was your profession? _____ Current Retired

8. Are you a U.S. Veteran? Yes No

9. Age Group 18-30 ☐ 31-50 51-70 71+

10. Highest educational level Elementary/middle school/some high school Some college

High school diploma/GED Tech school/Jr. college/Associate's degree

Bachelor's degree (B.A., B.S., B.F.A., B.B.A., etc.) Graduate degree (M.A., M.S., M.B.A., M.F.A, etc.)

Doctoral degree (Ph.D, M.D., J.D., EdD, D.O., etc.)

11. Which of the following skills/experience would you bring to the organization through board membership? (select all that apply)

Clinical Professional _____

HR/Organizational Development

Community Service/Involvement

Legal

Education

Political Advocacy

Financial/Banking/Accounting

Previous Board Experience

Fundraising/Event Planning

Public Relations/Marketing

Health Care Administration

Other _____

12. Are there any special interest groups you would like to represent as a board member? If so, what are they?

- | | | |
|----------------------------------|--------------------------------|----------------|
| 13. Ethnic category (Select one) | Hispanic | Not Hispanic |
| 14. Race (Check all that apply) | White | Alaskan Native |
| | Black/African American | Multi-Racial |
| | Native American | Other _____ |
| | <input type="checkbox"/> Asian | |

When our board needs to add members, they are generally elected at our annual meeting in May. However, if the timing is not right, or if we have an immediate vacancy we need to fill, we appoint board members as needed.

After we receive this form from you, or your nominating member, our Board Development Committee will contact you to discuss the next steps. Thank you again for your time and interest! If you are interested in getting more information about becoming a board member, email Mary Karchinski at mkarchinski@nlccwi.org.