



**BOARD MEMBER  
APPLICATION**

Prospective board members are invited to mail or hand deliver a completed application and a professional CV or resume to:

First Care Clinic  
105 W. 13<sup>th</sup> St.  
Hays, KS 67601

or submit electronically by emailing:

[fcc@firstcareclinic.com](mailto:fcc@firstcareclinic.com)

## **INTRODUCTION**

This is an application to serve as a volunteer member on the Board of Directors for First Care Clinic.

First Care Clinic is a non-profit organization whose mission is to be the region's premier medical home dedicated to providing access to compassionate, quality care for all.

It is the responsibility of the Board of Directors to monitor, oversee and provide overall direction for First Care Clinic, as well as approve the planning and selection of organizational policies, programs and services. These responsibilities are explained in further detail in First Care Clinic's bylaws.

First Care Clinic is the recipient of a grant from the federal government to operate as a Federally Qualified Health Center (FQHC). FQHCs are non-profit or public entities that serve designated medically under-served populations. To qualify as an FQHC, the health center must demonstrate that it is responsive to the needs of the population it serves. For the Board of Directors, this means that the board broadly reflects that of the community at large. The following application requests personal information related to your role as a prospective board member, including information specifically related to the aforementioned FQHC requirements regarding board composition.

Conflict of Interest Policy: Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods to health center. No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as an ex-officio member of the board (45 CFR 74.42 and 42 CFR part 51c.304 (B)).

## **FEDERAL DOCUMENTATION**

The information below is requested to ensure that the Board of Directors maintain the composition required by the Bureau of Primary Health Care.

Are you currently a patient (or financially responsible for a patient) at First Care Clinic?

Yes  No

Have you or the person you are financially responsible for been seen at First Care Clinic within the past 12 months?

Yes  No

Monthly Board of Directors Meetings occur at First Care Clinic, 105 W. 13<sup>th</sup> St, Hays, KS. Meetings are generally scheduled the first Thursday of each month at 5:30 PM. Will you be able to attend monthly meetings?

Yes  No

**PERSONAL INFORMATION**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Place of Birth (city, state): \_\_\_\_\_

Gender: Male  Female

Race: Asian  Black/African American

American Indian/Alaskan Native  Native Hawaiian

Pacific Islander  White

Unknown  Other: \_\_\_\_\_

Ethnicity: Hispanic or Latino  Non-Hispanic or Latino

**WORK HISTORY**

Are you currently employed in the health care industry? Yes  No

Please provide information about your present employment. Retired individuals or those presently unemployed, may provide most recent employment information. Also, please attach your professional CV or resume separately.

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Brief Description of Job Duties: \_\_\_\_\_

**REFERENCES**

Please provide three professional or personal references.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Information: \_\_\_\_\_

**EDUCATION/TRAINING**

Check your highest level of education:

- High School  Associate's Degree
- Bachelor's Degree  Master's Degree
- Doctorate Degree

Degrees: \_\_\_\_\_

Additional Training/Certification: \_\_\_\_\_

**STATEMENT OF INTEREST**

Why are you interested in serving on our Board of Directors and in the health of our community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONSENT**

The information I have provided, and the responses given are correct and complete to the best of my knowledge and belief. First Care Clinic staff or board members may contact any individuals/agencies documented in this application for verifying information provided.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize First Care Clinic to videotape or take a digital image of me, and I agree that videos or images may be kept, stored, and used in health center promotion and publications.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_