

# Board of Directors Application

**Thank you for accepting the offer to serve on the Board of Directors of Community Health Connection, Inc. (CHC). Your commitment to help CHC meet our established standards of excellence is sincerely appreciated. Please complete this form to assist us in communicating with you.**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Please send my correspondence to my:**  Home address  Employer/Business address

Are you a current Community Health Connection patient?  Yes  No

What is your gender?  Male  Female

What is your race/ethnicity? \_\_\_\_\_

Any area(s) of expertise: \_\_\_\_\_  
\_\_\_\_\_

Are there disabilities or issues we should be made aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any special skills you can provide during your term or goals you would like to see CHC accomplish: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send the completed form to [boardchair@communityhealthconnection.org](mailto:boardchair@communityhealthconnection.org) or fax it to 918.442.2011.**

