

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 or fax it to 918.442.2011.

