

# Family Health La Clinica

## Board Membership Information

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

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

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

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What is your occupation or profession? \_\_\_\_\_

Check all as appropriate:     FHLC patient or client     Migrant or Seasonal Farmworker  
    Agency Representative     Community Representative

How do you know about Family Health La Clinica?  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be on the Board of Directors?  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel are the most important health needs of our community / constituents?  
\_\_\_\_\_  
\_\_\_\_\_

How do you think FHLC could improve to better meet these health needs?  
\_\_\_\_\_  
\_\_\_\_\_

Have you served on a Board before? Yes \_\_\_ No \_\_\_ As an officer? Yes \_\_\_ No \_\_\_  
If yes, which boards and offices?  
\_\_\_\_\_  
\_\_\_\_\_

How will your participation on the Board better serve the community?  
\_\_\_\_\_  
\_\_\_\_\_

Generally, we meet the fourth Thursday of every month at 6:00 PM. Can you commit to attending least 80% of board and any committee or special meetings? Yes \_\_\_ No \_\_\_