



# Mountain Valleys

## HEALTH CENTERS

### **Prospective Board Member Application**

The purpose of this application is to enable the current Mountain Valleys Health Centers (MVHC) Board of Directors to make appropriate choices of Board Members for service to MVHC and the people of the communities we serve. Individuals interested in serving on the Board may not be an employee of MVHC, or a spouse or child, parent, brother or sister by blood or marriage of an employee. Individuals need to read and understand the minimum expectations and guidelines of Board Membership and submit a completed application. Applicants may also submit references or letters of recommendation for consideration if they so choose.

#### **About MVHC**

Mountain Valleys Health Centers, Inc. (MVHC) is a 501(c)3 nonprofit organization delivering excellence in medical and dental services to the residents of northern California for over 30 years. The mission of the corporation is to provide access to total health care services for all people with an emphasis on preventive care and education, with self-care and health maintenance being the end result. This is achieved through effective program management, fully equipped medical facilities and by the recruitment and development of highly qualified and dedicated health care professionals willing to serve the rural populations. In addition, MVHC is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).

#### **Board Expectations include but are not limited to:**

- \* Supporting the Mission Statement of MVHC.
- \* Working as part of a cohesive team with common goals.
- \* Sharing skills and expertise.
- \* Attending and actively participating in all monthly Board meetings, and notifying the CEO or Board Chairman of an anticipated absence.
- \* When absent from a meeting, reviewing minutes and results of the missed meeting.
- \* Reviewing the Board Packet and being prepared to participate fully in Board and committee meetings.
- \* Serving actively on at least one committee.
- \* Respecting and supporting the majority decisions of the Board.
- \* Representing all those whom MVHC serves and not a particular geographic area or interest group.
- \* Declaring conflicts of interest as it pertains to your position on the Board and abstaining from voting when appropriate.

#### **MVHC Guidelines include but are not limited to the following:**

- \* There will be no criticizing of fellow Board members or their opinions in or out of the Board meetings.
- \* There will be no use of the org. for personal advantage or the personal advantage of friends or relatives.
- \* There will be no discussion of the confidential proceedings of the Board outside the Board room.
- \* There will be no interference with the duties of the CEO nor undermining of the CEO's authority.



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

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

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please answer the following questions.**

1. Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

2. Relevant Experience and/or Employment experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list boards and committees on which you serve or have served (business, civic, political, recreational, religious, and social, for example).

Organization

Role/Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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4. Please list your other volunteer commitments: \_\_\_\_\_

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5. What personal strengths or skills do you possess that could benefit MVHC? \_\_\_\_\_

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6. Why are you interested in our organization? \_\_\_\_\_

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By signing below, I attest that the information I have provided is true and correct.

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

**Notice of Nondiscrimination:** MVHC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Translation Services:** ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Por favor, háganos saber cuando haga la cita que se necesita ayuda con el idioma.