

Upper Great Lakes Family Health Center

Board Member Application

Name _____
(Please Print) Last First Middle Initial

Phone (_____) _____ Alternate Phone (_____) _____

Email Address _____

Address _____

It is important for the UGL Board to reflect the patient population of current and future UGL services; and to have diversity in skills and expertise. The following questions will assist in developing a balanced board. Please respond to the following:

Do you, or one of your dependents, receive services from Upper Great Lakes Family Health Center at one of the following locations:

- | | |
|--|--|
| <input type="checkbox"/> Gwinn Family Health Center | <input type="checkbox"/> Sawyer Family Health Center |
| <input type="checkbox"/> Houghton Family Health Center | <input type="checkbox"/> Hancock Family Health Center |
| <input type="checkbox"/> Calumet Family Health Center | <input type="checkbox"/> Lake Linden Family Health |
| <input type="checkbox"/> Ontonagon Community Health Center | <input type="checkbox"/> Ice Lake Family Health Center |
| <input type="checkbox"/> Menominee Family Health Center | |

If no, where do you receive your primary medical care? _____

Race/Ethnic Background:

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other _____ |

Member of Native American Tribe

Profession _____

Job Title _____ Business _____

Does more than 10% of your income come from the health care industry? Yes No

(OVER)

Upper Great Lakes Family Health Center

Previous experience with Federally Qualified Health Centers: _____

Previous non-profit board experience: _____

Please briefly explain how your experience and skills will enhance the Governance of the Health Center: _____

As a member of the Board you will be obligated to act in the best interest of the Health Center, and sign a confidentiality and conflict of interest statement. Do you or a family member have a financial interest in any organization that does business with Upper Great Lakes Family Health Center? Yes No

If Yes, please provide a brief explanation. _____

We ask that all board members take an active role in at least one committee of the board such as Finance, Personnel, Governance, Quality, etc.

Upper Great Lakes Family Health Center board members are required to abide by the Health Center Code of Conduct including criminal background checks and drug screens. Do you consent to a background check and drug screen as part of your application process?

Yes No

Signature

Date

Please provide three references:

Name _____ Contact Information _____

Name _____ Contact Information _____

Name _____ Contact Information _____