

Health Share of Oregon
Board of Directors Candidate Application

Date _____

Name _____
 First MI Last

Employer

Name _____

Title _____

Business or organization _____

Address _____

Phone _____

E-mail _____

Are you a licensed provider? Yes _____ No _____

If yes, are you in active practice? Yes _____ No _____

If yes, what type of health care do you practice? _____

How do you feel Health Share would benefit from your involvement on the Board?

Please list boards and committees on which you currently or have served:

| <u>Organization</u> | <u>Role/Title</u> | <u>Dates of Service</u> |
|---------------------|-------------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Skills, experience and interests (please mark all that apply).

Skills:

- | | |
|---|---|
| <input type="checkbox"/> Administration, management | <input type="checkbox"/> Policy development |
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Public relations, communications |
| <input type="checkbox"/> Outreach, advocacy | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Non-profit experience | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Personnel, human resources | |

Experience:

- | | |
|--|--|
| <input type="checkbox"/> Civic engagement, community service | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Corrections system | <input type="checkbox"/> Mental Health or Addictions treatment |
| <input type="checkbox"/> Dental Provider | <input type="checkbox"/> Primary health care |
| <input type="checkbox"/> Educational system | <input type="checkbox"/> Specialty health care |
| <input type="checkbox"/> Housing | |

Interests:

Education/Training/Certificates

Please list any groups, organizations or businesses to which you could act as a liaison on behalf of Health Share of Oregon:

Please provide 3 professional or personal references we may contact:

Name _____
Business or organization _____
Title _____
Phone _____
E-mail _____

Name _____
Business or organization _____
Title _____
Phone _____
E-mail _____

Name _____
Business or organization _____
Title _____
Phone _____
E-mail _____