

**GREATER NEW BEDFORD COMMUNITY HEALTH CENTER
BOARD OF DIRECTORS
RECRUITMENT APPLICATION**

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Phone Numbers: Home _____ Business _____

Fax _____ E-mail _____

1. Please tell us why you would like to become involved at The Greater New Bedford Community Health Center.

2. What specific skills or competencies would you bring to The Greater New Bedford Community Health Center?

Please check (✓) all that applies to you.

Real Estate

Finance

Education

Marketing

Labor Relations

Health Care

Social Services

Board Experience – please explain _____

Volunteer Experience – please explain _____

Other: _____

Human Resources

Legal Affairs

Business/Corporate Skills

Banking and Trusts

Governance

Managed Care

Philanthropic Reputation

3. Board members are expected to prepare for and attend one Board and one committee meeting per month is this a commitment you are able to make?

Yes

No

If no, would you consider being a community representative on a committee?

Yes

No

4. Please indicate from the committees listed below the one which is of most interest to you.

Finance/Planning/Audit: responsible for overseeing the financial matters of The Health Center.

Personnel/Credentials: responsible for reviewing and approving personnel policies and credentials for providers.

Patient Care Assessment: responsible, with a multi-discipline team, to oversee and ensure the quality of patient care.

5. Do you speak a language other than English? If so, will you require a translation services?

6. Are you now a patient of the Greater New Bedford Community Health Center, Inc. or the parent of a child who is a patient of the Health Center? If no, are you willing to use the services of the Health Center?

7. Please describe any work, volunteer, or school experience which you think might be relevant.

8. Any other comments?

How did you learn of this volunteer opportunity? _____

Thank you for your interest in The Greater New Bedford Community Health Center. Should you have any questions, please feel free to call 508-984-8405 extension 207. We appreciate you taking the time to fill out this questionnaire and would ask that you submit it to the Board of Directors, c/o Human Resources, Greater New Bedford Community Health Center, 874 Purchase Street, New Bedford, MA 02740 or fax 508-990-7558.

I have read and understand the Conflict of Interest (COI) Policies of the Greater New Bedford Community Health Center, Inc. and have completed the COI form attached to this application.

Signed: _____ Date: _____