BOARD COMMITMENT/CONFIDENTIALITY STATEMENTS

Before you complete an Application, we want you to know what would be expected of you as a Board member. Please read and initial each statement if you agree with the information in the statement:

 (Initials)

|  |  |
| --- | --- |
|       | I agree with and am committed to the Family Health La Clinica Mission Statement:*Our mission is to ensure access to high quality integrated health care and promote the well-being of our patients, staff, and communities.*  |
|       | I agree with and am committed to the Family Health La Clinica Vision Statement:*Together We Create Healthy Individuals, Strong Families, and Vibrant Communities.* |
|       | I agree with and am committed to demonstrate Family Health La Clinica’s Values: *Equity, Teamwork, Respect, Innovation, Accountability and Stewardship* |
|       | I agree to actively participate in Board meetings and to serve on at least one committee. |
|       | I understand that regular Board attendance is required and that it is extremely important to stay connected and involved in all Board activities. |
|       | I commit to serving approximately 2-6 hours per month. |
|       | I am willing to promote and support Family Health La Clinica.  |
|       | I am a service user and/or would refer others to use FHLC healthcare services. |
|       | I agree not to discuss confidential information whether it is patient related, employee, business or management information where it may be overheard by others. I also agree not to talk about confidential information in public settings, even if the organization, patient or employee’s name is not mentioned. I understand that to do so may cause serious harm to FHLC, its patients and employees. |
|       | I agree to promptly report all violations of the confidentiality policy to the FHLC Board Chair or Chief Executive Officer. |
|       | I agree to the organization conducting a background/reference check as part of the application and interview process.  |
|       | I have read and understand this commitment and confidentiality statement. |

*Thank you for taking the time to read and initial the statements above.*

**Board Application Form**

|  |
| --- |
| First Name:       Middle:       Last Name:       |
| Date of Birth:       Social Security Number\*\*:       |
| Address:       |
| City, State, Zip:       |
| Telephone/Cell:       Email:       |
| Current position/employer: Is more than 10% of your annual income from the Health Care industry?       |
| How did you hear about the Family Health La Clinica Board?       |
| Are you a current user of Family Health La Clinica’s services? [ ]  Yes [ ]  No |
| Why would you like to serve on the Family Health La Clinica Board?      |
| We are required to ask the following questions by our federal grant funding entity. Please review and check your experience with any that apply: |
|  | **Age/Gender** |  | **Area of Expertise:** |  | **Racial/Ethnic Background:** |
|[ ]  Male |[ ]  Financial Management |[ ]  Asian |
|[ ]  Female |[ ]  Healthcare |[ ]  White |
|[ ]  Other: |[ ]  Human Resources |[ ]  American Indian/Alaska Native |
|[ ]  Prefer Not to Report |[ ]  Legal |[ ]  Hispanic or Latino |
|  |  |[ ]  Planning |[ ]  Black/African American |
|  |  |[ ]  Business |[ ]  Native Hawaiian |
|  | AGE  |[ ]  Faith-based |[ ]  Other Pacific Islander |
|[ ]  65 and older |[ ]  Public Sector |[ ]  More Than One Race |
|[ ]  51 – 65 |[ ]  Non Profit or Philanthropic |[ ]  Prefer Not to Report |
|[ ]  36 – 50 |[ ]  Marketing |  |  |
|[ ]  18 – 35 |[ ]  Other: |  |  |
|  |  |  |  |  |  |
|  |
| **Medicare Compliance** - Within the last 10 years, were you convicted, plead guilty or no contest, or consent to a pretrial diversion to a felony or have you been excluded from participating in the Medicaid or Medicare program? [ ]  Yes [ ]  No |
| What do you believe will be your major contribution to the Family Health La Clinica Board?  |
|       |

Have you had any other current or past Board involvement: [ ]  Yes [ ]  No

(If yes, please list them below.)

|  |  |  |
| --- | --- | --- |
| Name of Organization: | Position Held: | Years: |
|       |       |       |

|  |
| --- |
| Please share a brief summary of your community and work experiences:      |

Please list 2 personal or professional references:

|  |  |
| --- | --- |
| Name: | Contact Number: |
|       |       |
|       |       |

Are you related to any of the current Board of Directors or staff of Family Health La Clinica? [ ]  Yes [ ]  No

If yes, who? \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By submitting this application, I agree and acknowledge that if selected as a Board of Directors member for Family Health La Clinica, I will be committed to accomplish the organization’s Mission, Vision, Values and Strategic Plan.

Signature: /s/     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_Click or tap to enter a date.

Please return your application to:

Laura Waldvogel Email: laura.waldvogel@famhealth.com

 or

Family Health La Clinica

Attn: Laura Waldvogel, CEO

400 S Townline Road / P.O. Box 1440

Wautoma, WI 54982