

Ochoco Community Clinic

Application to Serve on the Board of Directors

Name:
Address:
Phone:
E-Mail:

Describe your relevant experience and/or employment (attach a resume if relevant):

Explain why you are interested in our organization:

Describe area(s) of expertise/contribution you feel you can make:

Other volunteer commitments you currently have:

Are you related to anyone currently employed by Ochoco Community Clinic, and if so, to whom?:

Do you require assistance in order to be able to participate, such as babysitting, transportation, interpretation, etc.?:

For Board Use Only

Nominee has had a personal meeting with either the Executive Director, Board President, or other Director. Date of Meeting: .

Nominee reviewed by the Recruitment Committee. Date Reviewed: .

Nominee attended Board meeting and interviewed by Board. Date Attended: .

Action taken by Board: