



Neighborhood Health Center Board Membership Form

PLEASE INCLUDE RESUME IN SUBMISSION IF AVAILABLE

NAME:

ADDRESS:

PHONE:

EMAIL ADDRESS:

HAVE YOU OR A FAMILY MEMBER RECEIVED MEDICAL OR DENTAL CARE AT NEIGHBORHOOD IN THE LAST (2) YEARS? YES NO

DO YOU OR YOUR SPOUSE EARN MORE THAN 10% OF YOUR INCOME FROM HEALTHCARE SOURCES? YES NO

IT IS IMPORTANT FOR THE BOARD TO REPRESENT THE PATIENTS WE SERVE. PLEASE SELECT WHICH BEST DESCRIBES YOU

RACE: Please choose

ETHNICITY: Please choose

- American Indian
- Asian
- Black or African American
- Native Hawaiian
- White
- Declined to respond
- Pacific Islander
- Other

- Hispanic or Latino
- Not Hispanic of Latino
- Declined to respond

CHECK ONE OR MORE OPTIONS FOR THE SET(S) OF PRONOUNS YOU WANT PEOPLE TO USE TO REFER TO YOU.

- HE, HIM, HIS
- SHE, HER, HERS
- THEY, THEM, THEIRS
- SIE, HIR, HIRS
- OTHER

CHECK ONE OR MORE OPTIONS THAT REFLECT YOUR GENDER

- WOMAN
- MAN
- NON-BINARY
- TRANSGENDER
- INTERSEX
- GENDER NON-CONFORMING
- OTHER

SELECT YOUR PRIMARY LANGUAGE SPOKEN

- ENGLISH
- SPANISH
- SWAHILI
- ARABIC
- HAKHA
- CHINESE
- OTHER
- KAREN
- BURMESE



DO YOU HAVE NONPROFIT OR BOARD EXPERIENCE?

WHAT SKILLS OR AREAS OF INTEREST DO YOU BRING TO BOARD PARTICIPATION?

PLEASE CHECK ALL THE OPTIONS THAT APPLY.

- PRIMARY CARE MEDICAL SERVICES OR OTHER HEALTHCARE
- RACE EQUITY ISSUES
- HOUSING INSECURITY, PEOPLE EXPERIENCING HOMELESSNESS
- GENDER EQUITY ISSUES
- POVERTY ISSUES
- BEHAVIORAL HEALTH (MENTAL HEALTH, SUBSTANCE ABUSE, ETC.)
- GRASSROOTS, COMMUNITY-BASED ORGANIZATIONS LOCALLY
- STRATEGIC PLANNING
- FINANCE/ACCOUNTING
- LAW
- GOVERNMENT, POLICY, ADVOCACY
- PROCESS IMPROVEMENT AND QUALITY
- TECHNOLOGY/IT
- MEDIA/PR/COMMUNICATIONS
- HUMAN RESOURCES/WORKFORCE DEVELOPMENT CAPACITY
- OTHER

DO YOU BELONG TO ANY COMMUNITY ORGANIZATIONS? PLEASE LIST

DO YOU HAVE ANY POTENTIAL CONFLICTS OF INTEREST WITH YOUR NHC BOARD RESPONSIBILITIES?
EXPLAIN

CAN YOU SHOW PROOF OF VACCINATION BY THE DATE OF YOUR FIRST BOARD MEETING?

YES NO

APPLICANT SIGNATURE:

DATE:

PLEASE SEND THE COMPLETED APPLICATION VIA EMAIL TO LORI.STUTZMAN@NHCWNY.ORG