

Center City

725 Mason Street Flint, MI 48503 **810.496.5777**

Atherton

2298 Center Road Burton, MI 48519 **810.496.5777**

Board of Directors Application for Membership

Please print or type applicable information and return to: *Jean Troop*

Executive Director for Genesee Community Health Center

Genesee	Community	Health	Cente
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725 Mason St. Flint, MI 48503 Phone 810.496.5543 Fax 810.496.5798 Email: jtroop@genhs.org

Full Name:	
Address:	
Telephone Number:	
Email Address:	

1. Professional History

- a. Please list your current employment, if applicable, including your position/title. Please also attach your current resume, if you have one.
- b. Company Name & Address (if applicable):
- c. Please describe your work and recent professional achievements.

2. Board Interest and Experience

- a. Briefly explain why you are interested in serving on this board.
- b. Please list your current and/or past leadership positions held on other boards or committees (professional or otherwise).

Health Resources and Administration (HRSA) Requirements

Our health center is a federally qualified health center which provides integrated health care to anyone, regardless of their insurance status or ability to pay, we do prioritize care to those that are homeless or reside in public housing. HRSA, our main funder and governing body, has specific requirements for our board. The following questions assist us in meeting their requirements. Requirements include; our overall board composition should match the demographics of our health center population. Board members cannot work for our health center or our parent organization, Genesee Health System. Further, since we prioritize our health center to serve individuals who are homeless or in public housing, we need to have board members with personal and/or professional experience with these life experiences. It is important that our board possesses a broad range of relevant expertise and skills to provide excellence in leadership for our health center.

Your answers will be kept confidential within the board of directors and necessary administrative staff.

- 3. Please list your current and/or past activities and involvement with Genesee Community Health Center and/or Genesee Health System.
- 4. Board members must be representative of the community in which the health center is located (Genesee County) by one of the following three ways. Please answer the following questions:

Do you live in Genesee County?

Do you work in Genesee County?

Do you have a demonstrable connection to the Genesee County community?

- **5.** Do you earn more than 10% of your annual income from the health care industry?
- **6.** What is your gender?

7. What is your race/ethnicity?
Please check:

Race:

American Indian/Alaska Native Asian

Black or African American More than one race

Native Hawaiian Other Pacific Islander

White

Ethnicity: Hispanic or Latino Not Hispanic or Latino

8. Please briefly list current and/or past activities and involvement in addressing homelessness.

- 9. Have you personally been homeless within the past 2 years?
- **10.** Please briefly list current and/or past activities and involvement in working with low income housing.
- **11.** Do you currently reside in low-income housing?
- **12.** Please list your current and/or past activities and involvement with Genesee County area nonprofit organizations.
- **13.** Please list any relevant skills and expertise in areas such as community affairs, local government, finance and banking, legal affairs, trade unions, other commercial and industrial concerns, or social services within the community.

14. Do you currently work for Genesee Health System or Genesee Community Health Center?

Yes No

15. Are any immediate family members currently employed by Genesee Health System or Genesee Community Health Center (i.e. spouses, children, parents, or siblings through blood, adoption, or marriage)?

Yes No

Thank you for your interest in serving on the Board of Directors at Genesee Community Health Center.