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](mailto:laura.waldvogel@famhealth.com)

or

Family Health La Clinica

Attn: Laura Waldvogel, CEO

400 S Townline Road / P.O. Box 1440

Wautoma, WI 54982