



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)

	<p>I agree with and am committed to Noble Community Clinics' Statement:</p> <p><i>Our mission is to ensure access to high quality integrated health care and promote the well-being of our patients, staff and communities.</i></p>
	<p>I agree with and am committed to the Noble Community Clinics' Vision Statement:</p> <p><i>Together we create healthy individuals, strong families and vibrant communities</i></p>
	<p>I agree with and am committed to demonstrate Noble Community Clinics' Values:</p> <p><i>Equity, Teamwork, Respect, Innovation, Accountability and Stewardship</i></p>
	<p>I agree to actively participate in Board meetings and to serve on at least one committee.</p>
	<p>I understand that regular Board attendance is required and that it is extremely important to stay connected and involved in all Board activities.</p>
	<p>I commit to serving approximately 2-6 hours per month.</p>
	<p>I am willing to promote and support Noble Community Clinics.</p>
	<p>I am a service user and/or would refer others to use Noble healthcare services.</p>
	<p>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 Noble, its patients and employees.</p>
	<p>I agree to promptly report all violations of the confidentiality policy to the Noble Board Chair or Chief Executive Officer.</p>
	<p>I agree to the organization conducting a background/reference check as part of the application and interview process.</p>
	<p>I have read and understand this commitment and confidentiality statement.</p>

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? Yes No		
How did you hear about the Noble Community Clinics Board?		
Are you a current user of Noble Community Clinics' services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Why would you like to serve on the Noble Community Clinics 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:	

*** As a condition of participation in Medicare and Medicaid Programs we are required to submit routine updates to the Centers for Medicare & Medicaid Services ("CMS") including information from each physician, board member or key employee including full legal name, social security number and questions related to felony activity and licensure/certification revocations. CMS ensures through this process that no Provider or Board member has been excluded from Federal programs. This information will be securely maintained and not used for any other purpose.*

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 Noble Community Clinics 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:

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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 Noble Community Clinics? Yes No

If yes, who? _____

By submitting this application, I agree and acknowledge that if selected as a Board of Directors member for Noble Community Clinics, I will be committed to accomplishing the organization’s Mission, Vision, Values and Strategic Plan.

Signature: _____ Date: _____

Please return your application to:
Laura Waldvogel Email: Laura.waldvogel@nobleclinics.org
or
Noble Community Clinics
Attn: Laura Waldvogel, CEO
400 S Townline Road / P.O. Box 1440
Wautoma, WI 54982

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