

**Riggs Community Health Center, Inc.
Volunteer Board Member Application**

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Email: _____

What is the best place / time to reach you? _____

How long have you been a patient at the Clinic? _____

Are any other family members patients at the Clinic? _____

Adult(s): _____ **Children:** _____

Reasons why you wish to be considered for a position on the Board of Directors:

**What would you like the Nominating Committee and Board to know about you?
(Feel free to use the back of this sheet to tell us or feel free to attach a brief
biography)** _____

**Which of the following committees would you be interested in serving on? Please
circle:**

Personnel Finance Quality Improvement Facility

- **To my knowledge, I am not related to any member of the staff.**
- **I have the time available to attend monthly board meetings (last Thursday of the month).**

Signature

Date