

**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**