

Official Candidate Application for Membership to the Board of Directors of the

Indian Health Center of Santa Clara Valley, Inc.

1333 Meridian Avenue, San Jose, CA 95125-5250 ALL INFORMATION PROVIDED ON THIS CANDIDIATE APPLICATION WILL REMAIN CONFIDENTIAL

Full Naı	me	Triba	al Affiliations		
Address			City	Zip	
Telepho	one Day	Evening		Fax	A\
Occupat	tion	Title		Company	
Date of	Birth	Social Security #	75	CDL#	
Tribal II	D or Enrollment #			W. W.	W. 7/
Do you	reside in Santa Clara County	7? ☐ YES ☐ NO If "ye	s", for how long? _	7/1/2	241
Have yo	ou ever used any services of	any department of the Indian	Health Center?	☐ YES ☐ NO	A1
Have yo	ou ever been employed by th	e Indian Health Center?	YES NO I	f "yes," when?	4
Are you automat	related (by blood, marriage ically disqualify you)	or cohabitation) to anyone c		by the Indian Health C	Center? (This does not
A.		MMUNITY EXPERIENCE king with the American Indi		y experience you have	had (either paid,
В.	VOLUNTEER EXPERIEN	ICE Please describe any vol	u <mark>nteer expe</mark> rience o	ther than that mention	ed above:
		- V	HC		1
C.	PREVIOUS BOARD EXP	ERIENCE <i>Please describe a</i>	ny <mark>previous e</mark> xperio	ence you have had serv	ving on a Board of
	Directors:	/)		47	, , , , , , , , , , , , , , , , , , ,
	<u></u>		and the	-14	
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E.	SPECIAL SKII Indian Health C		any special skills or abilities you pos.	sess which you feel would be an asset to the		
F.	AREAS OF CO	OMMITMENT Please	e check all the board functions you co	ommit to participate in:		
	Strateg	gic Planning	☐ Fund Raising	Personnel Committee		
	☐ Board	Recuitment	☐ Planning Committee	☐ Finance Committee		
	Nomin Nomin	nating Committee	Community Development	Public Relations/Promotions		
	☐ Specia	l Events	☐ Grant Writing	Other		
	☐ Public	ations	Outreach			
G.	BACKGROUND The Indian Health Center is required by state and federal law to protect the assets and patients of the Center. Part of fulfilling this commitment requires that we are aware of any significant criminal history (for example, felony convictions related to illegal substances, violence or theft) of potential Board members. If you do have a significant criminal history please contact the Executive Director for further instructions. Please know that having a criminal history does not automatically disqualify you and further that any and all information provided will remain confidential. Lastly, please know that as a candidate for a Board position you may be subject to a background check.					
H.	BOARD COMMITMENT a. Are you committed to participating in quarterly training if provided by the Indian Health Center and able to attend the monthly meetings of the Board of Directors and assigned committee meetings? YES NO					
	b. Are you willing and able to support the Mission of the Indian Health Center as stated here? YES NO					
and em	l individuals by powering our cli	providing quality hed ents in seeking and i	alth care, by supporting the healing	ssure the survival of American Indian familion process, by encouragement, educating, and g their quality of life, and by facilitating the ian/Alaskan Native community.		

Thank you for your interest in serving on the Indian Health Center Board of Directors. You will be contacted shortly for any follow-up information and further directions.