

Sumter Family Health Center (SFHC)

Pinewood Health Center (PHC)

Board Member Application Form

To the Board of Directors of SFHC/PHC: I, hereby apply for a seat on the organization's Board of Directors.

Please Type or Print

Name _____

Address _____

City _____ Zip _____ Telephone _____

Nature of
Employment _____

In what county do you reside? _____

SFHC/PHC is my primary healthcare provider: _____ Yes _____ No

Other areas of expertise/experience/affiliations (e.g. community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community)

Why do you want to be a Board member? _____

What special contributions would you make as a Board member? _____

Other nonprofit or Board experience _____

Additional information you would like shared with the Board _____

Please list the names of any of the current Board members that you know _____

Please read the attached **Board Expectations**.

If you become a Board member would you accept the responsibilities of a Board member as outlined in the **Board Expectations?** _____ Yes _____ No

Signature of Applicant _____ Date _____

Please note: Many people apply for open board positions. A selection process follows, including screening, interviewing, and matching with current board needs.