



CommUnityCare Board Member Application

Thank you for your interest in applying to become a voluntary member on the Board of Directors for CommUnityCare. CommUnityCare is a non-profit voluntary organization and a co-recipient of a grant from the federal government which allows it to operate as a Federally Qualified Health Center (FQHC).

FQHCs are non-profit or public entities that serve designated medically under-served populations. To qualify as a FQHC, CommUnityCare must meet certain requirements. The following application requests personal information related to your role as a prospective Board member, including information specifically related to the FQHC requirements.

Personal Information:

Name: _____
First Middle Last

Street Address: _____

City: _____ County: _____ Zip: _____

Email: _____ Telephone: (____) _____

Gender:

- Male Transgender Male/Female-to-Male Other
 Female Transgender Female/Male-to-Female Decline

Are you at least 18 years of age? Yes No

Race:

- American Indian or Alaskan Native Black or African-American Non-Hispanic/Latino
 Native Hawaiian or other Pacific Islander Asian White
 More Than One Race Decline

Ethnicity:

- Hispanic/Latino
 Non-Hispanic/Latino
 Decline

Employer Information (if applicable):

FQHCs cannot have more than half of their non-patient board members receive income that exceeds 10% of their annual income from the healthcare industry.

Are you currently employed in the health care industry? *(If uncertain please select yes, and we will work with you to make a determination.)* Yes No

Employer: _____

Position or title with your employer: _____

Qualifications

As an FQHC, CommUnityCare's board of directors is required to have at least 51% patient representation. Someone who is the parent of a CommUnityCare patient or who is financially responsible for someone who uses our services may qualify for the position providing patient representation.

No Board member may be an employee of CommUnityCare or an immediate relative of an employee, including a spouse, parent, child, or sibling through blood, adoption, or marriage.

Are you or a direct family member currently a CommUnityCare patient or are you financially responsible for someone who is a CommUnityCare patient? Yes No

Do you have any immediate family members who are employed by CommUnityCare or the Travis County HealthCare District d/b/a Central Health? Yes No

Please select particular interests or specialty knowledge:

- | | |
|--|--|
| <input type="checkbox"/> Community Affairs | <input type="checkbox"/> Leadership/Strategic Planning |
| <input type="checkbox"/> Finance/Banking | <input type="checkbox"/> Business Management |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other _____ |

Board Meetings

Regular Board meetings are currently held monthly on the fourth Tuesday of each month at 5:30 p.m. Meeting attendance is necessary for the Board to function cohesively and to be effectively informed. Although in-person participation is preferable, arrangements are made for telephone participation.

Are you able to attend monthly meetings? Yes No

Please select any accommodations you may require:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Visual | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cognitive | |

Statement of Interest

Why are you interested in serving on CommUnityCare's Board of Directors? _____

I certify the information given in this application is true and complete to the best of my knowledge.

Please note acceptance on CommUnityCare's Board of Directors is contingent upon the successful completion and clearance of a criminal background check and the Office of Inspector General's exclusions check.

Signature of Applicant: _____ Date: _____