



Community Health Center Board Application

Dear Prospective Board Member,
 Thank you for your interest in serving on the Community Health Center Board for Riverside University Health System – Community Health Centers. Please review the Board Member Requirements and Duties Description. If you wish to be considered for this important advisory board, complete the information below and return to the Community Health Center staff or mail to the address below.

Name _____

First

Last

Address _____

Street

City

Zip Code

Occupation/Employer: _____

Telephone(s): _____ Email: _____

Gender: _____ Supervisor/ District: _____

Ethnicity: (Please check one)

	Hispanic/ Latino		Not Hispanic/ Latino		Decline to state
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Race: (Please check all that apply)

	American Indian or Native Alaskan		Native Hawaiian		Asian		White
	Black or African American		Pacific Islander		Decline		Other:

Do you live or work within the CHC Service area? (Please check one)

	Yes		No
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1) Why do you want to join the Community Health Center Board?

2) How did you learn of the opportunity to serve on the board? (Check all that apply)

	CHC Board Member		Doctor		Nurse
	Clinic Staff		Friend		Community Event
	Bulletin Board Posting		Other: (Explain)		

3) Are you a patient of the RUHS- Community Health Centers? If so, what location(s) have you visited for patient care/services, within the past two (2) years? (Check all that apply)

<input type="checkbox"/>	Banning	<input type="checkbox"/>	Jurupa Valley	<input type="checkbox"/>	Perris
<input type="checkbox"/>	Corona	<input type="checkbox"/>	Lake Elsinore	<input type="checkbox"/>	Riverside
<input type="checkbox"/>	Hemet	<input type="checkbox"/>	Moreno Valley	<input type="checkbox"/>	Rubidoux
<input type="checkbox"/>	Indio	<input type="checkbox"/>	Palm Springs	<input type="checkbox"/>	Perris Valley

4) Explain how the Community Health Center Board will be improved by your involvement.

5) Explain any skills you possess that will be useful to the Community Health Center Board.

6) Are you or have you ever served on a Board, Committee, or Community Group (For example: schools/ religious/ or volunteer)? If so, please include your role(s) and dates served.

Please attach your most recent resume, curriculum vitae, and any additional information.

Signature: _____

Date: _____

Please submit completed form with all other relevant documents to the CHC Board Clerk at chcadmin@ruhealth.org. Upon receipt of this completed form, we will contact you.

Should you have questions regarding this form, the selection process to serve on this board, Riverside University Health System, or the Community Health Centers, please call our administration office at 951-358-5222.

In the interim, we truly appreciate your interest and thank you for considering service as a Community Health Center Board member.