



BOARD OF DIRECTORS

APPLICATION FOR MEMBERSHIP

10300 SW 216 ST MIAMI, FL 33190
www.chisouthfl.org
(305) 252-4853

Introduction

Welcome!

Community Health of South Florida, Inc. (CHI) is pleased to learn of your interest in applying for Board membership. If selected to serve as a volunteer member of the Board of Directors, you will provide overall oversight of one of South Florida's largest community health centers.

CHI's Mission is, "to deliver safe, accessible, compassionate and culturally competent quality health care services to the people of South Florida while training the next generation of health care professionals."

CHI's Motto is, "Patient Care Comes First."

As a Federally Qualified Health Center (FQHC), the CHI Board must meet minimum requirements set forth by Section 330(k)(3)(H) of the PHS Act. The following application requests personal information related to your role as a prospective Board member, including information specifically related to the requirements regarding Board composition.

Submission Instructions

Prospective board members are invited to submit a completed application and professional CV or resume to Adlin Correa, Chief of Staff.

Mail or hand deliveries:

Community Health of South Florida, Inc.
Attn: CHI Board of Director Application
10300 SW 216 ST
Miami, FL 33190

Electronic submissions:

Should include "Community Health of South Florida, Inc Board Application" in the subject line.

Send email to:

adcorrea@chisouthfl.org

Community Health of South Florida, Inc.
Board of Directors Application
(please print clearly)

PERSONAL INFORMATION

Name
Last: _____ First: _____ Middle: _____

Home Address: _____

Phone
Home: _____ Work: _____

Cell: _____

Email Address: _____

Social Security # _____ Date of Birth: _____

Place of Birth: _____

GENDER

_____ Female _____ Male

RACE (mark all that apply)

- _____ American Indian or Alaskan Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian
- _____ Pacific Islander
- _____ White or Caucasian

ETHNICITY

- _____ Hispanic or Latino
- _____ Non-Latino

VETERAN STATUS

_____ Veteran _____ Non-Veteran

WORK HISTORY

Are you currently employed?

_____ Yes, I am currently employed. Please provide a CV or resume and the following.

Employer: _____

Job Title: _____

Dates of Employment (month/year): _____ to _____

_____ I am not currently employed. Please provide a brief bio, CV or resume.

EDUCATION AND TRAINING

Please indicate your highest level of education.

_____ High School (or equivalent)

_____ College / University

Degree (s): _____

Additional Training, Certification: _____

COMMUNICATION

Please indicate your primary language: _____

Do you speak/read/write any other languages? _____

QUESTIONS

1. **Board membership is composed of “users” of CHI services (a current patient) or as someone who is a community representative (non-user). As a FQHC, our health center board of directors is required to have at least 51% patient representation. No Board member may be an employee or current volunteer at CHI, an immediate relative of an employee, including a spouse, parent, child, or sibling through blood, adoption, or marriage.**

Which do you represent?

_____ Patient Representative

_____ Community Representative

2. **If you are applying as a Community Representative (non-patient), does more than 10% of your annual income derive from the healthcare industry? (FQHCs may not have more than half of their non-patient Board members receive income that exceeds 10% of their annual income from the healthcare industry.)**

_____ Yes

_____ No

3. **Medicare Compliance - Within the last 10 years, were you convicted, pled guilty or no contest, or consent to a pretrial diversion to a felony?**

_____ Yes

_____ No

4. **Please identify areas of interest or specialty knowledge.**

_____ Administration

_____ Advocacy

_____ Business Management

_____ Finance

_____ Leadership

_____ Politics

_____ Quality

_____ Other: _____

5. The regular meeting of the Board is held on the third Wednesday of each month at 4:00 pm. Are you able to attend monthly meetings in person?

_____ Yes

_____ No

6. The Board relies on attendance of all Board members at meetings and participation in Board Committees is expected. Please indicate your interest in one or more of the following:

_____ Behavioral Health Committee - operations related to behavioral health services.

_____ Joint Conference Committee – overall agency operations including clinical oversight.

_____ Finance Committee – operations related to finance including grants and major purchases.

_____ Strategic Planning Committee – agency long range planning.

7. Committees of the Board meet once a month as represented below. Are you able to attend monthly Committee meetings in person?

_____ Yes, I can attend the below. (mark all that apply)

_____ Behavioral Health Committee - 2nd Tuesday of the month at 5:30 pm.

_____ Joint Conference Committee – 3rd Monday of the month at 6pm.

_____ Finance Committee – 3rd Wednesday of the month at 3pm.

_____ Strategic Planning Committee – Annually as communicated.

_____ No

8. Describe your past experience(s) with Community Health of South Florida, Inc.

9. What do you believe will be your major contribution to the CHI Board of Directors?

10. Why are you interested in the health of the South Florida community?

SIGNATURE AND CONSENT

I certify that I am the individual represented in this application and all information provided is true and correct. Community Health of South Florida, Inc. (CHI) staff or Board members may contact any individuals/agencies represented in this application for the purpose of verifying information, conducting background screening utilizing live scan fingerprinting and considering me for Board Membership at CHI.

Print Name

Signature

Date