

# LONG VALLEY HEALTH CENTER

50 Branscomb Road • P. O. Box 870 • Laytonville, California 95454

Phone (707) 984-6131 • Fax (707) 984-7337 • Medical Records Fax (707) 984-6990

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To Prospective Board Members:

Thank you for your interest in joining the Board of Long Valley Health Center. Our Board members play a very important part in keeping primary health care services alive and well in Northern Mendocino County, and in making sure that the Center stays responsive to the needs of the community. Our Board members serve without compensation, but we intend to make it a rewarding experience for them by respecting their time and participation, by offering training and development opportunities, and by providing administrative support to Board activities. The chief reward however is the opportunity to be involved with a unique and professional organization which contributes to the life and health of this community on a daily basis. If you have any questions about our organization or about Board membership and responsibilities, please let me know and I will try to answer them, or put you in touch with one of our current Board members. You may also visit our website ([www.longvalley.org](http://www.longvalley.org)) for a full description of our health care provider staff and services.

I have attached a copy of our Board application along with descriptions of the position and qualifications. In order to apply for membership on the Health Center Board, the completed application must be received in our Personnel Office. Prospective Board members are expected to attend Board meetings prior to their election in order to acquaint themselves with their responsibilities, and as a demonstration of their intention to fulfill the obligations of our Board. All Board vacancies are filled by appointment by the Governing Board which has full and sole authority in making these appointments.

Thanks again for your interest in Long Valley Health Center.

Sincerely,

Daniel Kvaka

Executive Director

## Application For Board Membership

# LONG VALLEY HEALTH CENTER

Name:

Occupation:

Mailing Address:

Home Phone:

Work Phone:

Email:

**YOUR BACKGROUND:** What education or skills could you contribute to our Board? (Please check)

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> accounting                 | <input type="checkbox"/> management | <input type="checkbox"/> public relations      |
| <input type="checkbox"/> investment                 | <input type="checkbox"/> marketing  | <input type="checkbox"/> knowledge of services |
| <input type="checkbox"/> fund raising               | <input type="checkbox"/> education  | <input type="checkbox"/> public speaking       |
| <input type="checkbox"/> community relations        | <input type="checkbox"/> planning   | <input type="checkbox"/> team player           |
| <input type="checkbox"/> motivated                  | <input type="checkbox"/> lobbying   | <input type="checkbox"/> affiliations_____     |
| <input type="checkbox"/> other(please explain)_____ |                                     |  |

Are you a registered voter?  YES  NO

Are you bondable?  YES  NO

Have you ever been an employee of LVHC?  YES  NO

If so, date last employed\_\_\_\_\_

Are any members of your family employed by LVHC?  YES  NO

Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

Are you a "Consumer of services of Long Valley Health Center"?  YES  NO

Are you a "Provider of health services"?  YES  NO

Do you derive more than 10% of your annual income from the health care industry?  YES  NO

On what other Boards have you served?

Charitable or community activities in which you have been involved:

### YOUR AVAILABILITY TO SERVE

Could you regularly attend monthly Board meetings?  Yes  No Conflicts: \_\_\_\_\_

How many hours per month, in addition to Board meetings, could you serve this organization? \_\_\_\_\_

Would you attend a training session for new Board members?  Yes  No

**YOUR VIEWS ON OUR ORGANIZATION *(use reverse for additional comments)***

What is your interest in this organization?

**REFERENCES *(list names, addresses and phone numbers)***

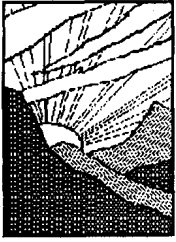
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Signature \_\_\_\_\_ Date \_\_\_\_\_



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## BOARD MEMBER POSITION DESCRIPTION

### Duties and responsibilities of individual Board Members:

1. To uphold resolutely the interest of the Long Valley Health Center, avoiding conflicts of interest in personal or other business.
2. To maintain the confidentiality of restricted Board information.
3. To serve as an active member on at least one board appointed committee.
4. To attend Board and committee meetings on a regular and timely basis, with a full understanding of the agenda and accompanying packet.
5. To conduct Board business in a businesslike manner.
6. To be an active participant in all Board issues, providing a positive influence; open to change and creative problem solving.
7. To interact with all other Board members with respect and dignity.

### Skills and Abilities of Individual Board Members:

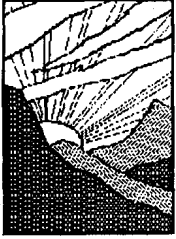
1. Ability to read and understand standard financial statements.
2. Understanding of the concept and operation of a BPHC funded health center.
3. Training and/or experience in one or more of the following areas:
  - a. Management
  - b. Health Care Delivery
  - c. Law
  - d. Financial Management
  - e. Marketing/Sales
  - f. Employee Relations/Community Relations
  - g. Personnel Management
  - h. Public Relations/Community Relations
4. Ability and willingness to work with other Board and/or committee members.

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Signature

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Date



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## QUALIFICATIONS FOR APPLICANTS LVHC BOARD OF DIRECTORS

BYLAWS OF LONG VALLEY HEALTH CENTER, INC. (Rev. 8/28/2006)

### ARTICLE IV - BOARD OF DIRECTORS

#### Section 2. Qualifications of Directors

- A. All Directors must be registered voters, must be bondable, and must have demonstrated interest in fields related to the goals and objectives of Long Valley Health Center.
- B. All Directors shall be individuals interested in and supportive of health services to area residents through the Long Valley Health Center. Individuals who have been involved in an adverse relationship to the Corporation are not eligible to serve as a Director.
- C. No employee of this Corporation may sit as a Member of the Board of Directors of this Corporation.
- D. No Board member shall be an employee of the health center or an immediate family member of an employee. No Board member shall have been an employee of the Corporation within two years of becoming a member of the Board, either by election or appointment.