

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

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) for a full description of our health care provider staff and services.

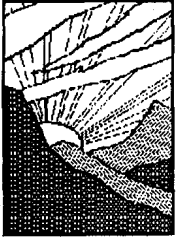
I have attached a copy of our Board application along with descriptions of the position and qualifications. In order to apply for membership on the Health Center Board, the completed application must be received in our Personnel Office. Prospective Board members are expected to attend Board meetings 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,

Shantil Ferguson

Interim Executive Director



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

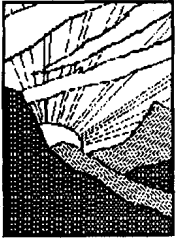
QUALIFICATIONS FOR APPLICANTS LVHC BOARD OF DIRECTORS

BYLAWS OF LONG VALLEY HEALTH CENTER, INC. (Rev. 06/2021)

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.



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

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.

Signature

Date

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)*

Signature _____ Date _____



**Long Valley Health Center
Board Composition Verification Form**

It is the responsibility of Long Valley Health Center Board of Directors to be in full compliance with the Board Composition requirements of the Health Resources Services Administration. This includes verifying that no board member has a relative as an employee. The LVHC Board of Directors defines a relative as an immediate family member by blood, marriage, or adoption. Board Composition compliance also includes specific requirements for non-patient board members. LVHC will verify that non-patient board members have a demonstrable link to the LVHC service area. In addition, LVHC will verify that no more than fifty (50%) of the non-patient board members receive more than ten (10%) of their income from the health care industry. LVHC defines the health care industry as providing direct clinical services to patients to include medical, dental, or behavioral health services.

Do you have a relative, as defined above, who is an employee of Long Valley Health Center?

Yes No

Are you a patient member of the board?

Yes No

If no, please answer the following questions.

What is your link to the Long Valley Health Center services area community?

Do you receive more than 10% of your income from the health care industry, as defined above?

Yes No

Please Print Name: _____

Signature

Date



Conflict of Interest Statement and Disclosure

This statement is to be completed by members of the Board of Directors and all staff including employees, volunteers, and those under contract with Long Valley Health Center (LVHC).

I hereby certify that I understand that LVHC is a tax-exempt entity and must therefore strictly comply with the standards of the Internal Revenue Service (IRS). I will take reasonable measures to identify and avoid potential conflicts of interest in my relationship with LVHC and in carrying out my duties on behalf of LVHC. I will comply with the LVHC's Compliance Program and its related policies and procedures, such as those policies that relate to LVHC's tax-exempt status, corporate and financial responsibility, conflicts of interest, and best business practices policies and others related to the business of LVHC.

Initial	
----------------	--

I understand that staff salary and benefit information must comply with the established worker classifications and be reported on IRS Forms 990, W-2 or 1099. I understand that any unrelated business income must be identified and reported as required by law.

Initial	
----------------	--

I understand that no individual or entity may receive private benefit as a result of the individual's relationship with LVHC. Contracts and agreements on behalf of LVHC will involve reasonable precautions to avoid any personal benefit. Persons providing services to LVHC will receive reasonable and fair market value compensation for the services or goods provided. Any matters concerning loans, rental of property, purchases or gifts will be consistent with reasonable charges and fees consistent with fair business practices standards. Any partnerships involving LVHC, or its staff on behalf of LVHC, shall be established consistent with the tax-exempt requirements.

Initial	
----------------	--

I understand that I cannot participate or intervene on behalf of LVHC in any political campaign on behalf of any candidate for public office. Any activities on behalf of LVHC that concern promotion of a legislative or public policy issue are required to be approved by LVHC's legal counsel and must be documented and reported to the IRS.

Initial	
----------------	--

I understand that business and financial activities of LVHC are subject to audits to ensure compliance with tax-exempt provisions, corporate and financial responsibility, conflicts of interest, and best business practices policies and others related to the business of LVHC.

Initial	
----------------	--

Conflicts of Interest Statement and Disclosure

I understand that as personnel of LVHC that I represent and warrant that I (or a member of my family) shall not derive any personal profit or gain, directly or indirectly, by reason of my participation on the Board or as an employee. I am familiar with LVHC's policies regarding conflicts of interest, and I agree to disclose any personal interest or potential conflicts of interest that I may have in any matter pending before me and shall refrain from participation in any decision on such matter.

Initial	
----------------	--

_____ **I do not have any potential conflicts of interest to disclose at this time.**

_____ **I have the following potential conflict(s) of interest:**

Additional Comments

Signature:	
Date:	
Print or Type Name:	
Title or Relationship to LVHC:	