



Health Care for the Homeless Co-Applicant Governing Board

Member Application

To the Health Care for the Homeless Program and the Co-Applicant Governing Board:
I hereby apply for a seat on the Health Care for the Homeless Co-Applicant Governing Board.

Please Type or Print

Name _____

Address _____

City _____ Zip _____ Phone _____

Email _____

1. Nature of Employment _____

2. Other areas of expertise/experience/affiliations (e.g. community affairs, local government, finance and banking, other commercial and industrial concerns, social service agencies within the community)

3. Do you work or reside in Contra Costa County? _____ YES _____ NO

4. Have you ever received medical, behavioral, or dental care at a Contra Costa County Health Services (Health Centers, Contra Costa Regional Medical Center, AOD, Mental Health Services, CCHP, etc.)?

_____ YES _____ NO

5. Have you ever helped someone access or use medical, behavioral, or dental care at a Contra Costa County Health Services (Health Centers, Contra Costa Regional Medical Center, AOD, Mental Health Services, CCHP, etc.)?

_____ YES _____ NO

*If you have any questions or concerns, or to submit completed application, please contact Gabriella Quintana, at
gabriella.quintana@cchealth.org*



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6. Why do you want to become a Board member?

7. Other board experience?

8. Additional information you would like to share with the Board.

Demographics

The following information is mandated by Health Resources and Services Administration (HRSA). CCH is required to annually report the *de-identified* information to HRSA for funding purposes.

GENDER					
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender Male	<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Other	<input type="checkbox"/> Choose not to disclose
RACE					
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American		
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White	<input type="checkbox"/> More than one race	<input type="checkbox"/> Choose not to disclose		
ETHNICITY					
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Choose not to disclose			

Please read the attached Board Expectations. If you become a Board member, would you accept the responsibilities of a Board member as outlined in the Board Expectations?

_____ YES _____ NO

PRINT NAME _____

SIGNATURE _____

DATE _____

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Health Care for the Homeless Co-Applicant Governing Board

Board Member Expectations

Board members will recognize the important responsibility in serving as a member of the Health Care for the Homeless (HCH) Co-Applicant Governing Board and pledge to carry out in a trustworthy and diligent manner the duties and obligations as a board member.

Board Member Individual Responsibilities:

The primary roles as a board member are (1) to contribute to defining the HCH program's mission and governing the fulfillment of that mission, and (2) to carry out the functions of the Co-Applicant Board Member as stated in the bylaws.

Commitment

Board members will exercise the following duties and responsibilities of this Board.

- Attend board and committee meetings and functions (See Article 10, Page 6, Board Bylaws).
- Be informed about the organization's mission, services, policies, and programs.
- Be prepared to discuss the issues and business addressed at scheduled meetings, having read the agenda and all background material relevant to the topics at hand.
- Assist the board in carrying out board responsibilities.
- To work with and respect the opinions of peers who serve on this board.
- To always act for the good of the community.
- To represent the HCH program in a positive and supportive manner at all times and in all places.
- Inform others about the HCH Program.
- Suggest possible nominees to the board who can make significant contributions to the work of the board and the organization.
- To refrain from intruding on administrative issues that are the responsibility of the program's management team, except to monitor the results and prohibit methods that conflict with board policy.
- To avoid conflicts of interest between the position as a board member and personal life. If such a conflict does arise, board members will declare that conflict before the board and refrain from voting on matters in there is conflict.

If, for any reason, the board member is unable to carry out the above duties to the best of their ability, they agree to resign as a board member/officer.

Board Member Term Commitment: 4 years