



Introduction

This is an application packet to serve as a volunteer member on the Board of Directors for Promise Healthcare Community Health Center.

Promise Healthcare (PHC) is a non-profit voluntary organization. Our Mission is to improve the health and well-being of the diverse communities we serve by providing high-quality, equitable healthcare to people of all ages.

It is the responsibility of the Board of Directors to monitor, oversee and provide overall direction for PHC in furtherance of the Mission, and to approve the planning and selection of organizational policies, programs, and services. These responsibilities are articulated in further detail in our PHC Board bylaws.

PHC is the recipient of a grant from the federal government to operate as a Federally Qualified Health Center (FQHC). FQHCs are non-profit or public entities that serve designated medically under-served populations. To qualify as an FQHC, the health center must demonstrate that it is responsive to the needs of the population it serves. For the Board of Directors, this means that the Board must be composed of a majority of members who are health center patients and whose composition broadly reflects that of the community at large. The following application requests personal information related to your role as a prospective Board member, including information specifically related to FQHC requirements regarding Board composition.

Conflict of Interest Policy: Health Center bylaws or written corporate board-approved policy include provisions that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods to the health center. No board member shall be an employee of the health center or an immediate family member of an employee.

On behalf of everyone here at Promise Healthcare, thank you so much for your interest in board service. We know that those with an interest in being a leadership volunteer have many choices. In our community, there are an array of remarkable organizations engaged in the important work of making our community a better place. We are humbled knowing that you are interested in us.

The following application offers us an opportunity to know more about you, your skills, attributes and what you would bring to our board. It also gives you a sense of what matters to us in any board candidate.

The goal of our process is to determine if we are a good fit for each other – your level of commitment and ability to deliver on our expectations so that we are confident that you can help us to increase the scope and impact of our work. On the other side, we want to know what motivates you and how you think about our organization so that we can help to create an excellent board experience for you.

Thank you again for your interest in our work and for taking the time to complete this application with thought and care. We look forward to reviewing it with that same level of thought and care and to continuing our conversations.

Sincerely,

Clayton Overstreet, Board President



Board Member Application

Personal Information

Name	
Address	
Preferred Phone Number	
Preferred Email Address	
Employer (Company) Name and Business Type	
Employer Address	

Volunteer Experience

Past and Present Membership: Boards, committees, task forces in the public sector (business, civic, community, religious, political, professional, recreational, or social), etc.

Organization	Role/Title	Dates of Service

Your Interest

Those committed to volunteering in a leadership capacity have an abundance of organizations from which to choose. We are most appreciative of your interest in ours and would like to hear more. Why our organization and not any other? Please share your motivation and what it is about our work that has led you to raise your hand to be a leading ambassador for us.

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Skills/Expertise

Please mark the skill(s) and expertise you will bring to us that will strengthen our board and enhance the ability of Promise Healthcare to deliver on its mission.

Public Relations	Reading/Understanding Budgets/Balance Sheets	Legal Expertise
Public Policy/Advocacy	Accounting	HR/Administration
Public Speaking/Presentations	Event Planning	Strategic Planning
Marketing	Web Design	Social Media
Fundraising	Grant Writing	Information Technology
Professional Non-Profit Experience	Facilities	Real Estate
Financial Investment Management	Other (please specify):	

Attributes

A board is more than a collection of individuals. It is an entity that governs, approves strategy, and engages in robust discussion and debate on relevant issues. It must act as a single entity. As such, the personality traits you bring to the board will help us to ensure that we have a diversity of personality styles and traits that, when added to our current board members, will enhance the ability of all members to work together as a governing body.

Collaborative	Respectful of varying points of view	Willing and able to lead a discussion
Facilitative style	Enthusiastic	Comfortable speaking in front of a group
Manages time well	Optimistic	Responsive
Strong work ethic	Good sense of humor	Asks tough questions constructively/respectfully
Fleible	Open-minded	Accountable

Fundraising

Among other responsibilities, board members play a key role in raising funds for our organization. It is an expectation of board service that you will introduce people in your sphere of influence to our work and invite them to know and do more – as prospective volunteers, board members, staff, and as donors. Our organization commits to providing you with the information and tools necessary for you to stand as a vocal and visible ambassador for our work.

**Time Commitment**

Board service is a true commitment of time and energy. We estimate that board service could be a commitment of 2 to 4 hours each month. In addition, we may ask for participation on monthly committees and attendance at special events. Meetings are generally scheduled the fourth Tuesday of each month at our current time of 5:15pm. Regular attendance at board meetings is vital to the success of our governance and we require a commitment of at least 8 of the 12 board meetings each year.

Do you have any concerns or potential conflicts that may serve as impediments to this time commitment? If so, how will you manage the demands on your time?

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Please provide three professional references listed below.

References

Name	Telephone or Email



Demographic Information

Membership on this board, by Federal regulations, requires the majority of the members to be patients of the clinic and that members adequately represent the demographics of patients served in terms of age, race/ethnicity, gender, and economic status.

Do you or does any of your immediate family work for Promise Healthcare?	Yes	No
Do you work for a business that has a financial relationship with Promise Healthcare?	Yes	No
Have you obtained care (medical, behavioral health, or dental) from Promise Healthcare within the last year?	Yes	No
Do you earn income (>10%) from the healthcare industry?	Yes	No
Have you, under your current name or former name, ever had a final adverse action imposed against you (see definitions at the end of this application)?	Yes	No

Age	18-40	41-64	65+
Gender	Male	Female	Decline to Report
Ethnicity	Hispanic/Latino	Non-Hispanic/Latino	Decline to Report
Race	American Indian	Black/African American	White
	Asian	Native Hawaiian	Other Pacific Islander
	More than One Race	Decline to Report	

Other

Who recommended you for board service?

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Final Adverse Actions That Must be Reported (for CMS/Medicare Reporting)

Convictions

1. Any felony conviction under Federal or State law, regardless of whether it was health care related.
2. Any misdemeanor conviction, under Federal or State law, related to: (a) the delivery of an item or service under Medicare or State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.
3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of health care item or service.
4. Any misdemeanor conviction, under Federal or State law, relating to the interference with or obstruction of any investigation into any criminal offense described in 42 C.F.R. Section 1001 or 1001.201
5. Any misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Exclusions, Revocations or Suspensions

1. Any revocation or suspension of license to provide health care by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicare payment suspension under any Medicare billing number.
5. Any Medicare revocation of any Medicare billing number.

If any of the above apply to you, please explain in the space below:

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If you have a **resume**, please provide a copy to be included with your application. This is helpful to our board members in evaluating your application.



By completing this application, you consent to a background check. Members of the board are asked to annually complete and sign a Conflict-of-Interest form which is a matter of public record.

Please mail your application to:

Promise Healthcare

819 Bloomington Rd.

Champaign, IL 61820

or email it to:

jhenry@promisehealth.org