



Board Membership Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation/Profession: \_\_\_\_\_

Are you a/an (select all that apply):  **Promise Patient or Client**  **Migrant or Seasonal Agricultural Worker**  
 **Agency Representative**  **Community Representative**  **Other:** \_\_\_\_\_

How do you know about Promise Healthcare? \_\_\_\_\_

Why do you want to be on Promise's Board of Directors? \_\_\_\_\_

What do you feel are the most important health needs of our community/constituents? \_\_\_\_\_

How do you think Promise could improve to better meet these health needs? \_\_\_\_\_

Have you served on a board before?  **Yes**  **No** As an officer?  **Yes**  **No**

Which boards and offices? \_\_\_\_\_

How will your participation on Promise's board better serve the community? \_\_\_\_\_

The Board of Directors meets the 4th Tuesday of each month from 5:30 to 6:30, virtually or possibly on-site in the future at 819 Bloomington Rd. Can you commit to attending at least 80% of all board, committee, and special meetings?  **Yes**  **No**

If you were referred by a Promise Healthcare employee, please list them here: \_\_\_\_\_

**Please return your completed application to:** Any

Promise Healthcare location (front desk)

By email to [zsoltis@promisehealth.org](mailto:zsoltis@promisehealth.org)

By mail to: Promise Healthcare, Attn: Jennifer Henry, 819 Bloomington Rd., Champaign, IL 61820