

**Gardner Family Health Network, Inc.-GFHC
Gardner Family Care Corporation-GFCC
Santa Clara and San Mateo Counties**

Board of Directors

Professional/Consumer Membership Application:

Name: _____

Address: _____

Phone Number: Home: () _____ Work: () _____

Mobile: () _____

Email address: _____

Place of employment or other point of contact: _____

Do you currently utilize Gardner's services? (yes/no)_____. If yes, which Health center:

I was referred by: _____

1. I am interested in becoming a Board Member because: _____

2. Qualifications/qualities that I feel make me a viable Member candidate:

3. Past or present membership in advisory groups, organizations, etc. (list dates):

4. **A.** Are you related to any current Board Member by blood or marriage?

Yes or No _____

B. Are you related to any current employee of this organization by blood or marriage?

Yes or No _____

5. List below three (3) references (other than family) and include their telephone numbers with area code. Or attach three letters of recommendation to this application.

Name: _____

Address: _____

Occupation: _____ Telephone: () _____

Name: _____

Address: _____

Occupation: _____ Telephone: () _____

Name: _____
Address: _____
Occupation: _____ Telephone: () _____

5. List education background, degrees, etc. If available, please provide a resume.

6. If you have been a patient of Gardner, list beginning date _____ and date of last visit _____.

7. Have you ever been convicted of a felony? Yes____ No____

If yes, please explain: _____

8. Attach your resume or vita:

9. Are you committed to providing a minimum of about 4 hours of service on behalf of the GFCC and GFHN Board of Directors on a monthly basis: per month, **at least one evening for a board meeting, and one meeting for a committee assignment (optional)**? Yes____ or No____

I certify that the statements made on the application, on any resume', and attachments hereto, or other supplementary materials provide by me are full and complete statements of the facts. I understand that false, misleading or omitted information can result in refusal of membership to the Board of Directors or termination in cases where erroneous information is discovered after membership has begun. I understand that if I am offered membership to the Board of Directors and accept, this application form becomes part of the terms and conditions of membership.

Applicants' Signature: _____ Date: _____

Should have any questions or require additional information, please contact: Executive Assistants:
Rose Rivera (408) 938-2172 or Kendra Smith (408) 200-2291. Please return this application to:

Governance and Personnel Committee
c/o Lena Alvarez, Human Resources Department
160 E. Virginia Street, Suite 100
San Jose, CA 95112