

**Valley Health Systems, Inc.
Board Member Application Form**

To the Board of Directors of Valley Health: I, hereby, apply for a seat on the organization's Board of Directors.

Please Type or Print

Name: _____

Address: _____

City: _____ Zip: _____ Telephone: _____

Nature of Employment: _____

In what county do you reside? _____

Valley Health is my primary healthcare provider: _____ Yes _____ No

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

Why do you want to be a Board member? _____

What special contributions would you make as a Board member? _____

Other nonprofit or Board experience: _____

Additional information you would like to share with the Board: _____

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

Signature of Applicant: _____ Date: _____

Please note: Many people apply for open board positions. A selection process follows, including screening, interviewing, and matching with current board needs.