



# QUESTIONNAIRE FOR APPOINTMENT TO BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT

THIS QUESTIONNAIRE AND ALL INFORMATION SUBMITTED IS A PUBLIC RECORD

### Instructions

If you are interested in serving on a Special District Board of Directors, please complete this application and return it to:

John Friel, CEO  
PO Box 1649  
Big Bear Lake, CA 92315

Date Due: No later than 5:00 PM on January 14, 2019

You will be kept notified by the District of the status of your application. Thank you for your interest.

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ARE YOU A REGISTERED VOTER WITHIN THE DISTRICT? Yes \_\_\_\_\_ No \_\_\_\_\_

NAME: \_\_\_\_\_ AGE (optional): \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

BUSINESS OR MAILING ADDRESS: \_\_\_\_\_

PHONE (DAYTIME): \_\_\_\_\_ PHONE (EVENING): \_\_\_\_\_

E-MAIL (optional): \_\_\_\_\_

EDUCATION			
Institution	Major	Degree	Year


<b>WORK / VOLUNTEER EXPERIENCE</b>				
<b>Organization</b>	<b>City</b>	<b>Position</b>	<b>From</b>	<b>To</b>

**STATEMENT OF QUALIFICATIONS:**

Please briefly describe your qualifications and why you are interested in serving on the Board of Directors.

Years of residence in the Bear Valley Community Healthcare District \_\_\_\_\_

**QUALIFICATIONS: (Stay within space allowed for answers. Do not attach extra pages.)**

1. Provide a description of your educational work and/or public service background.



5. List in order of importance, the major issues that you believe are confronting the health care industry and, specifically, the Bear Valley Community Healthcare District.

6. Explain what you believe to be the mission of the Bear Valley Community Healthcare District.

**CERTIFICATION:**

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

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Signature

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Date