



QUESTIONNAIRE FOR APPOINTMENT TO BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT

**THIS QUESTIONNAIRE AND ALL INFORMATION SUBMITTED
IS A PUBLIC RECORD**

Instructions

If you are interest in serving on a special district Board of Directors, please complete this application and return it to: John Friel, CEO.

Date Due: No later than 5:00 PM on August 19, 2019

You will be advised by the District if your appointment is confirmed. 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

WORK / VOLUNTEER EXPERIENCE				
Organization	City	Position	From	To

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.

Signature

Date