

Federally Qualified Health Centers (FQHCs) are non-profit or public entities that serve designated medically underserved populations. The Community Health Center Board (CHCB) is responsible for setting Health Center policies and ensuring it is responsive to the needs of the population.

This is an application to be considered for service as a volunteer member of the Co-Applicant Board for Multnomah County's Community Health Centers. **Submission of this application does not guarantee nomination or membership.** For more information on the nomination process contact the CHCB by emailing: [chcb.liaison@multco.us](mailto:chcb.liaison@multco.us)

To be considered for nomination to the board, please fill out the entire application.

<b>Full Name:</b>	<input style="width: 95%;" type="text"/>	<b>Preferred Name:</b>	<input style="width: 95%;" type="text"/>
<b>Phone:</b>	<input style="width: 95%;" type="text"/>	<b>Email:</b>	<input style="width: 95%;" type="text"/>
<b>Gender Identity:</b>	<input style="width: 95%;" type="text"/>	<b>Pronouns:</b>	<input style="width: 95%;" type="text"/>
<b>Address:</b>	<input style="width: 100%; height: 40px;" type="text"/>		

What is the best way to reach you? *(add X to one)*

<b>Phone</b>	<input style="width: 50px; height: 25px;" type="checkbox"/>	<b>Email</b>	<input style="width: 50px; height: 25px;" type="checkbox"/>	<b>Text Msg</b>	<input style="width: 50px; height: 25px;" type="checkbox"/>	<b>Postal Mail</b>	<input style="width: 50px; height: 25px;" type="checkbox"/>
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1. Please describe why you are interested in becoming a board member for the CHCB:

2. Which health topics are you **most** interested in? *(Mark an X in your top three)*

Access to Health Care	<input type="checkbox"/>	Disabilities and Access	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Addiction & Recovery	<input type="checkbox"/>	Disease Prevention	<input type="checkbox"/>	Nutrition / Access to Food	<input type="checkbox"/>
Aging	<input type="checkbox"/>	Health Equity	<input type="checkbox"/>	Public Policy & Government	<input type="checkbox"/>
Chronic Disease	<input type="checkbox"/>	Houselessness	<input type="checkbox"/>	Spiritual Health	<input type="checkbox"/>
Clean Air, Water, Food	<input type="checkbox"/>	Housing and Health	<input type="checkbox"/>	Youth and Student Health	<input type="checkbox"/>
Dental and Oral Health	<input type="checkbox"/>	Maternal & Child Health	<input type="checkbox"/>	Other? (type here)_____	<input type="checkbox"/>

3. Are your interests linked to any specific communities (race, ethnicity, economic status, housing status, etc.)? If so, please tell us which ones.

4. Do you work in Health Care or for a Health Organization?  
If yes, please describe your role in the Healthcare Industry:

Yes  No

5. Are you, your dependent child or adult, a patient at one of the Multnomah County Health Department clinics?  
If so, when/where was your/their last visit?

Yes  No

6. Do you, your spouse, child, or parent, work for Multnomah County, the Health Department, Integrated Clinical Services (ICS), or the Board of County Commissioners (BCC)?  
If yes, please describe your relationship with the employee:

Yes  No

7. Do you live and/or work in Multnomah County? (Select all that apply).

Live  Work

8. Do you have **skills or experience** in any of these areas?  
Please mark all of your skills with either; **B** (Beginner), **I** (Intermediate), or **E** (Expert).

Previous Board Experience	<input type="checkbox"/>	Healthcare Systems	<input type="checkbox"/>	Public Health Issues	<input type="checkbox"/>
Banking/Finance/CPA	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>
Community Organizing	<input type="checkbox"/>	Legal/Paralegal/Lawyer	<input type="checkbox"/>	Quality Assurance	<input type="checkbox"/>
Conflict Resolution	<input type="checkbox"/>	Management/Supervision	<input type="checkbox"/>	Non-Profits	<input type="checkbox"/>
Diversity/Equity/Inclusion	<input type="checkbox"/>	Patient Experience/Advocacy	<input type="checkbox"/>	Other?	<input type="text"/>
Health Promotion	<input type="checkbox"/>	Policy Development/Review	<input type="checkbox"/>		

9. Do you hold a professional licensure, degree, or certification that would enhance/inform your board membership?

10. Which committees would you be interested in joining?

Finance  Quality  Bylaws  Nominating

11. Please list any skills that you want to develop;

12. Do you actively participate in any other advocacy organizations?

Yes  No

If you answered "Yes", please share their names.

13. Can you commit to attending at least one, two-hour (2 hr) meeting per month?

Yes  No

14. Which race(s) AND ethnicity(ies) do you identify with?

15. What is your preferred language?

16. Do you have any dietary preferences or restrictions?

17. Do you need assistance with transportation to/from board related activities?

Yes  No

**Optional:** Is there anything else that you want to tell us about yourself? Use a separate sheet of paper, if needed, to describe (familial and personal obligations, health conditions, etc.)

**Signature** By signing below, I certify that the information I have provided in this application is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_