



Board of Directors Membership Application

Name _____ Date _____

Date of Birth _____ City and State of Birth _____

Social Security No. _____
(Required for Medicare reimbursement)

Address _____

City _____ State _____ Zip _____

Telephone Number: Home _____ Work _____ Cell _____

Please check the best number to reach you: Home ____ Work ____ Cell ____

E-Mail Address: Home _____ Work _____

Current Employer _____ Position _____

1. What is your knowledge of Community Action Agency and why would you like to serve on the Board of Directors?

2. Are you related to anyone employed at CAA? Yes ____ No ____

3. Federal program expectations require the Board to be comprised of 51% users of the Behavioral Health and Dental Centers.

Do you currently use CAA for any part of your healthcare? Yes ____ No ____

Does a dependent child use CAA for any part of their healthcare: Yes ____ No ____

If no, would you consider becoming a patient of the CAA Health, Behavioral Health and Dental Centers: Yes ____ No ____

4. Would you represent the low-income sector (either by working for an organization that represents low income or personally?) Yes___ No___

5. Do you represent a minority population? Yes___ No___

6. Do you have skills and expertise in any of the following:

Accounting or Fiscal Management	Yes___ No___
Legal Affairs/Licensed Attorney	Yes___ No___
Business	Yes___ No___
Health	Yes___ No___
Managed Care	Yes___ No___
Social Services	Yes___ No___
Labor Relations	Yes___ No___
Government	Yes___ No___
Early Childhood Education	Yes___ No___
Parent of Head Start child currently or formerly enrolled	Yes___ No___

7. Do you derive more than 10% of your annual income from the health care industry? Yes___ No___

8. Please list your highest degree earned/certificates/professional licenses, etc. _____

9. Please list other organizations/Boards on which you serve. _____

10. Regular Board meetings are on the fourth Thursday of each month and last for 90 minutes. Board Members may also be asked to serve on committees. Are you available on the fourth Thursday of every month? Yes___ No___

11. Are you engaged in any activities which could be a conflict of interest with Community Action Agency? _____ If yes, please explain. _____

12. Please indicate your interest in serving on the following Board Committees. Check all that apply.

Budget and Planning Nominating/Membership
 Health Center Quality Improvement and Oversight Policy

13. Do you understand that you will be subject to a criminal background check? _____
(Required by Child Adult Care Food Program)

14. I understand that if appointed to the CAA Board of Directors I must supply my Social Security number for CAA to receive reimbursement from Medicare. Yes ___ No ___

The following forms must be completed and submitted before review to the Nominating/Membership Committee for review prior to any decision of appointment being made.

- Completed Board Membership Application
- Current Resume (if applicable)
- CAA Conflict of Interest Form
- Criminal Background Check Form
- Appointment Letter

I understand that this is a voluntary position and I am not permitted by federal law to receive any compensation for my service to Community Action Agency, but I may be reimbursed for actual expenses occurred in fulfilling my Board Member role. I also understand that this is an application and not a guarantee of appointment to the Board.

Signature _____ Date _____

Board Chairman _____ Date _____

Thank you for your interest in Community Action Agency. Your Board Membership Application will be reviewed by the Board of Directors for possible approval as openings become available.