

Kern County Hospital Authority Community Health Center Board

APPLICATION

APPLICATION DEADLINE: Open
Applications must be received at the address listed below on the application.

Please fill out all information on this form. If you have questions, please call (661) 326-2102.

Mail or deliver your completed application to:

Kern County Hospital Authority
ATTN: Chief Executive Officer
1700 Mount Vernon Avenue, Room 1232
Bakersfield, CA 93306

Last Name First Name Middle Initial

Home Address City State Zip Code

Home Phone Cell Phone

Email Address (Required) Date of Birth

Employer Title Work Phone

Employer Address City State Zip Code

Please select your race/ethnicity:

- Black / African American
White
Native American
Asian
Pacific Islander
Hispanic or Latino

Please select your gender:

- Male
Female
Non-binary
Prefer not to say

Are you an employee of Kern Medical, or spouse, child, parent, brother or sister by blood, adoption or marriage of such an employee?

- Yes No

Is more than 10% of your annual income derived from the health care industry? (The health care industry is defined as a licensed independent provider delivering direct care to a patient in a clinical setting.)

- Yes No

Are you a current patient of Kern Medical?

- Yes No

CONSENT to PHOTOGRAPH

Should I be appointed, I authorize Kern County Hospital Authority to videotape, take a digital image or other image of me, and I agree that the negatives, digital images, video, or photographs may be kept, stored, and used in health center promotion and publications.

- Yes No

What skills and knowledge would you bring to our board? Please list your experience in any of the following areas: Community affairs, local government, finance and banking, legal affairs, and other commercial and industrial concerns, or social service agencies within the community.

BOARD QUALIFICATION CATEGORIES

I meet the following board-specific qualification categories (mark all that apply):

- Knowledge of healthcare delivery systems
- Knowledge of healthcare policy and regulatory issues as well as current and projected healthcare trends
- Experience with managing hospital services and understanding of the healthcare needs of the patient population
- Experience in advocating for safety net populations including, but not limited to, the pursuit of public funding for the delivery of healthcare services
- I have been a patient at Kern Medical within the last 24 months

APPLICANT RESPONSIBILITIES

I understand that by submitting this application:

1. I am a full-time resident of the County of Kern and at least 18 years of age;
2. I agree to participate as a Member of the Community Health Center Board;
3. I am willing to provide authorization to the Kern County Hospital Authority to conduct necessary background checks;
4. I have submitted with this Application a current resume or curriculum vitae; and
5. I agree to comply with the laws of the state of California as they pertain to conflicts of interest.

Applicant Signature

Date

Expectations of Board Members

1. I will share the vision, mission, and work of the health center to the community, represent the organization, and act as a spokesperson.
2. I will attend no fewer than 75% of board meetings, committee meetings, and special events.
3. I will actively participate in fundraising activities to ensure the stability of the health center.
4. I will act in the best interests of the organization and excuse myself from discussions and votes where I have a conflict of interest.
5. I will stay informed about what is going on in the organization. I will ask questions and request information. I will participate in and take responsibility for making decisions on issues, policies and other board matters.
6. I will work in good faith with staff and other board members as partners toward achieving our goals.
7. I will contribute time each month to supporting the health center.
8. I will receive, and carefully review, all board meeting materials sent to me prior to each board meeting. I will be fully prepared for these meetings, with relevant questions and suggestions.
9. If I do not understand anything in these reports, I will schedule an opportunity to learn.
10. If selected, I understand and am willing to accept the responsibilities of a board member.
11. In addition, by my signature below, I understand a health center board member may not be an employee of Kern Medical, or spouse, child, parent, brother or sister by blood, adoption or marriage of such an employee.

Accepted: _____ Date: _____
Name and Signature