

**EAST HILL FAMILY MEDICAL, INC.
BOARD OF DIRECTORS
RECRUITMENT APPLICATION**

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Phone Numbers: Home _____ Business _____

Fax: _____ E-Mail _____

1. Please tell us why you are interested in East Hill Family Medical, Inc.:

2. What specific skills or competencies would you bring to East Hill Family Medical, Inc.?
Please check all that applies to you.

Real Estate

Human Resources

Finance

Legal Affairs

Education

Business/Corporate Skills

Marketing

Banking and Trusts

Labor Relations

Governance

Health Care

Managed Care

Social Services

Philanthropic Reputation

Board Experience-Please explain _____

Volunteer Experience-Please explain _____

Other: _____

3. Board members are expected to prepare for and attend one Board meeting per month and committee meetings as required. Are you able to make this commitment?

Yes No

4. Please indicate from the committees listed below the one which is of most interest to you.

Audit and Finance

Operations

Planning and Resources

5. Are you now a patient of East Hill Family Medical, Inc. or the parent of a child who is a patient of East Hill Family Medical, Inc.? If no, are you willing to use the services of East Hill?

6. Do you have any family members that are currently working for East Hill Family Medical, Inc.?

7. Please describe any work, volunteer, or school experience which you think might be relevant.

8. Any other comments?

How did you learn of this volunteer opportunity? _____

Thank you for your interest in East Hill Family Medical, Inc. We appreciate you taking the time to fill out this questionnaire and would ask that you submit it to fpalmieri@easthillmedical.com.