



**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

Finance

Education

Marketing

Labor Relations

Health Care

Social Services

Human Resources

Legal Affairs

Business/Corporate Skills

Banking and Trusts

Governance

Managed Care

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/Finance

Human Resources

Strategic Planning and Development

Governance

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 by mail, dropoff or email to:

**East Hill Medical Center
144 Genesee Street, Suite 500
Auburn, NY 13021**

Email: kdeacy@easthillmedical.com

Questions? Call 315-253-8477 option 9