



**MYRTLE HILLIARD DAVIS COMPREHENSIVE HEALTH CENTERS, INC.**

**Board of Directors - Candidate Application**

**Date** \_\_\_\_\_

**Name**

_____	_____	_____	_____
First	Middle	Last	Preferred

**Residence**

Address

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Employer**

Name

\_\_\_\_\_

Title

Address

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Type of business or organization \_\_\_\_\_

Primary service(s) and area/population served \_\_\_\_\_

**Please list boards that you serve on or have served on:**

Organizations	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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**Board of Directors - Candidate Application**

**Education/Training/Certificates**

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**How do you feel MHDCHC can benefit from your involvement on the board?**

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**Describe your interest in MHDCHC.**

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**Please list any groups, organizations, businesses that you could serve as liaison to on behalf of MHDCHC**

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**Please tell us anything else that you would like to share:**

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**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Agree to use some of MHDCHC medical/dental/pharmacy services: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**CONFIDENTIAL**