

For Office Use Only:

Date Application Received by Office: _____ SSN: _____

Date Applicant Admitted to the Board: _____ DOB: _____

Kinston Community Health Center, Inc. Board of Directors Application

Please Print All Answers Legibly – Thanks.

Name: _____

Address: _____ City _____, NC Zip Code: _____

Phone: (Best Contact #) _____

E-Mail Address: _____

Can you open a PDF File as many of our materials are sent out via e-mail in PDF format?

___ Yes ___ No

Are you a patient of the Center? ___ Yes ___ No

Is your immediate family member a patient of the center? ___ Yes ___ No

(Immediate Family is Parent, Spouse, Brother/Sister, or Child) If your immediate family member is a patient, do you bring them to the office for their appointments? ___ Yes ___ No

Current Occupation: _____

How long have you been in this occupation? _____

Please list organizations that you have worked with as a volunteer. This includes churches, civic organizations, etc. on the table below:

Name of Organization	Office Held	Dates of Service	Reference Name

Tell us why you are interested in serving on the Kinston Community Health Center Board of Directors?

By signing the application below you agree that we will retain your application on file for a period of one year. The Kinston Community Health Center, Inc. Nominating Committee will review each application, and you may be contacted in the event of an opening. We sincerely appreciate your interest.

Applicant's Signature _____ Date _____