White River Health District dba Deschutes Rim Health Clinic, Maupin, OR

Application for Board of Directors Position

The White River Health District (dba Deschutes Rim Health Clinic) is served by a 5-member volunteer Board of Directors which acts to direct and guide Clinic operations. Board positions are generally filled through the electoral process. However, vacated positions need to be filled whenever a vacancy occurs. The applicant will be given the opportunity to apply to be elected to the same position during the electoral process (held every 2 yrs). Board members are elected for a 4-year term. Board members also serve on the Board of the Deschutes Rim Clinic Foundation.

Legal Name: _____

Mailing Address:_____

Home address: _____

Best phone contact number: _____

Email:_____

Why are you interested in serving as a Board Member for White River Health District?

_____

_____

Board members are expected to further the goals of the district & clinic, be responsible fiduciary agents for the district, maintain general oversight of all district/clinic operations, and be health care ambassadors in the community.
How would you be able to positively & constructively contribute to the District, Clinic and Foundation?

_____

_____

_____

Have you worked or had experience with the health care field in any capacity? If so, please describe:_____

_____

Describe your Education: _____

_____

Describe your General Experience and Background: _____

_____

_____

Do you have previous experience serving on a Board or Commission? ☐ Yes ☐ No

If yes, please explain:_____

If no, please explain any previous related experience serving in a leadership role:

_____

_____

Are you available to attend regular District Board meetings? (held on 4th Thursday of month at 5PM) _____

Are you available to attend sporadic Deschutes Rim Foundation Board meetings? (generally held after the district mtg)____

Misc. Information that would be helpful in the review process:

_____

_____

Please provide at least 2 references:_____

_____

Attestation questions to be completed by the Board applicant:

a) Have you **ever** had a medical or legal license, certification, registration, bonding or membership denied, limited, suspended, revoked, not renewed, of subjected to stipulated or probationary conditions, had a corrective action, been fined or any such action pending or under review? ☐ Yes ☐ No

b) Have you **ever** been suspended, fined, disciplined, restricted or excluded for any reason by any medical organization or other official governing body, or is there any such action pending or under review? ☐ Yes ☐ No

c) Have you **ever** been denied privileges, membership or participation by any medical or other official governing body, placed on probation, suspended, restricted, revoked, or is there any such action pending or under review? ☐ Yes ☐ No

d) Have you **ever** been the subject of any reports to a state or federal licensing or disciplinary entity? ☐ Yes ☐ No

e) Have you **ever** been charged with a criminal violation (felony or misdemeanor)? ☐ Yes ☐ No

f) Do you **presently** use any illegal drugs? ☐ Yes ☐ No

g) Do you now have, or have you had, any physical or mental health condition, or chemical dependency condition (alcohol or other substances) that affects or is reasonably likely to affect your current ability to participate in regular meetings or discussions, in person or on-line, with or without reasonable accommodation? ☐ Yes ☐ No

h) Have you ever had any professional liability claims or lawsuits filed against you, even if they have been closed? ☐ Yes ☐ No

If so, please give details and dates for each claim or lawsuit (below or on a separate sheet of paper and attach to this application), even if they have been closed?

I certify the information provided in this entire application is complete, current, correct, and not misleading. I understand and acknowledge that any misstatements in, or omissions from this application will constitute cause for denial of my application or summary dismissal or termination of my participation on the White River Health Board of Directors. A photocopy of this application, including this attestation, the authorization and release and any or all attachments has the same force and effect as the original. I have reviewed this information and attest to its accuracy and completeness. Should any of this information change during my application or participation on the Board, I agree to update the information with District management.

_____ _____

Signature Date