



Community Health Center Board Application

Dear Prospective Board Member,
 Thank you for your interest in serving on the Community Health Center Board for Riverside University Health System – Community Health Centers. Please review the Board Member Requirements and Duties Description. If you wish to be considered for this important advisory board, complete the information below and return to the Community Health Center staff or mail to the address below.

Name _____

First

Last

Address _____

Street

City

Zip Code

Occupation/Employer: _____

Telephone(s): _____ Email: _____

Gender: _____ Supervisor/ District: _____

Ethnicity: (Please check one)

<input type="checkbox"/>	Hispanic/ Latino	<input type="checkbox"/>	Not Hispanic/ Latino	<input type="checkbox"/>	Decline to state
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Race: (Please check all that apply)

<input type="checkbox"/>	American Indian or Native Alaskan	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Asian	<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Decline	<input type="checkbox"/>	Other:

Do you live or work within the CHC Service area? (Please check one)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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1) Why do you want to join the Community Health Center Board?

2) How did you learn of the opportunity to serve on the board? (Check all that apply)

<input type="checkbox"/>	CHC Board Member	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Nurse
<input type="checkbox"/>	Clinic Staff	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Community Event
<input type="checkbox"/>	Bulletin Board Posting	<input type="checkbox"/> Other: (Explain)			

3) Are you a patient of the RUHS- Community Health Centers? If so, what location(s) have you visited for patient care/services, within the past two (2) years? (Check all that apply)

<input type="checkbox"/>	Banning	<input type="checkbox"/>	Jurupa Valley	<input type="checkbox"/>	Perris
<input type="checkbox"/>	Corona	<input type="checkbox"/>	Lake Elsinore	<input type="checkbox"/>	Riverside
<input type="checkbox"/>	Hemet	<input type="checkbox"/>	Moreno Valley	<input type="checkbox"/>	Rubidoux
<input type="checkbox"/>	Indio	<input type="checkbox"/>	Palm Springs	<input type="checkbox"/>	Perris Valley

4) Explain how the Community Health Center Board will be improved by your involvement.

5) Explain any skills you possess that will be useful to the Community Health Center Board.

6) Are you or have you ever served on a Board, Committee, or Community Group (For example: schools/ religious/ or volunteer)? If so, please include your role(s) and dates served.

Please attach your most recent resume, curriculum vitae, and any additional information.

Signature: _____

Date: _____

Please submit completed form with all other relevant documents to the CHC Board Clerk at CHCBoardClerk@ruhealth.org. Upon receipt of this completed form, we will contact you.

Should you have questions regarding this form, the selection process to serve on this board, Riverside University Health System, or the Community Health Centers, please call our administration office at 951-358-5222.

In the interim, we truly appreciate your interest and thank you for considering service as a Community Health Center Board member.



Community Health Center Board

Member Requirements and Duties

The purpose of the Community Health Center (CHC) Board is to act in the conjunction with the Board of Supervisors as the governing board of those Family Care Centers operated by the County of Riverside which are designated as Federally Qualified Health Centers pursuant to 42 U. S. C. § 1395x(aa) (3) and/or 42 U.S. C. § 1396d(e)(2) (“CHCB facilities” or “County FQHC s”).

The **mission** of the CHCB Board is to support the delivery of comprehensive, culturally competent, quality primary health care services to the low-income and the underserved population.

Qualifications

Members of the CHC Board serve the organization either as a patient representative (someone who uses our services) or as someone who is a community representative. As a federally qualified health center (FQHC), our Community Health Center Board is required to have at least 51% patient representation.

Patient Representatives shall be current registered patients of the FQHCs. A patient is an individual who has received at least one service in the past 24 months that generated a health center visit.

Community Representatives shall possess, but not be limited to, expertise in community affairs, local government, finance, banking, legal affairs, trade unions, other commercial and industrial concerns, and social services and who have provided leadership in the community.

All members must be residents or employees of the County of Riverside.

Member Duties

All members must:

1. Attend ten to twelve full Board meetings annually.
2. Participate in at least two standing committees.
3. Serve without compensation.