



Guidelines for Board Member Application Submission

Please submit your finished application without delay to ensure timely processing.

Submission via Email

Documentation can be sent electronically to nikki.vickers@wmrmc.com.

By selecting "**Submit Completed Application Here**", a pre-addressed email to Nikki vickers will open for you to attach your application.

Submission in Person

If you prefer, you may deliver a hard copy to any registration desk. Please clearly mark the documents for the attention of Nikki Vickers.

White Mountain Regional Medical Center is located at:

118 South Mountain Avenue

Springerville, Arizona 85938



BOARD MEMBER APPLICATION FORM

To the Board Selection/Membership Committee

I, _____, hereby apply for a seat on the organization's Board of Directors.

PLEASE TYPE OR PRINT

Name: _____

Address: _____ City: _____ Zip: _____

Resident status: _____ Full time _____ Part time _____ Seasonal

Phone: _____ Cell phone: _____ email: _____

Preferred Contact method: _____

Current Employer: _____ How long: _____

Nature of Employment: _____

Have you ever worked for WMRMC? _____ YES _____ NO

Previous Work History:

Employer	Dates	Job title

Please explain how your work history would make you a valuable asset to the Governing Board. _____



Have you or a dependent child or adult that you care for, received at least 1 service at WMRMC in the past 24 months? _____ YES _____ NO (majority must be patients)

Other areas of expertise/experience/affiliations (e.g. community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community) _____

Why do you want to be a Board Member? _____

What special contributions would you make as a Board Member? _____

Other nonprofit, volunteer commitments or Board experience: _____

Additional information you would like shared with this committee/Board: _____

Please list the names of any of the current Board Members that you know: _____

Please list the names of any of the current WMRMC employees that you are related to:



If you become a Board Member, would you accept the responsibilities of a Board Member as outlined in the attached Call to the Community? _____ Yes _____ No

Signature of Applicant: _____ Date: _____

Please note: Many people apply for open board positions. A selection process follows, including screening, interviewing, and matching with current board needs.



FOR COMMITTEE USE ONLY

Nominee Application reviewed by the Board Membership Committee.

Date Reviewed: _____

Nominee interviewed by Board Membership Committee.

Date Attended: _____

Action Taken by Board Membership Committee: _____