Multnomah County
Health Department
Community Health Center

Community Health Center Board
Application for Board Membership

Updated August 2024

Federally Qualified Health Centers (FQHCs) are non-profit or public entities that serve designated medically underserved populations. The Community Health Center Board (CHCB) is responsible for setting Health Center policies and ensuring it is responsive to the needs of the population.

This is an application to be considered for service as a volunteer member of the Co-Applicant Board for Multnomah County's Community Health Centers. Submission of this application does not guarantee nomination or membership. For more information on the nomination process contact the CHCB by emailing: chcb.liaison@multco.us

To be considered for nomination to the board, please fill out the entire application.

Full Name:		**Preferred Name:**	
Phone:		**Email:**	
Gender Identity:		**Pronouns:**	
Address:			

What is the best way to reach you? ***(add X to one)***

Phone		**Email**		**Text Msg**		**Postal Mail**	

1. Please describe why you are interested in becoming a board member for the CHCB:

2. Which health topics are you **most** interested in? (**Mark an X in your top three**)

Access to Health Care		Disabilities and Access		Mental Health	
Addiction & Recovery		Disease Prevention		Nutrition / Access to Food	
Aging		Health Equity		Public Policy & Government	
Chronic Disease		Houselessness		Spiritual Health	
Clean Air, Water, Food		Housing and Health		Youth and Student Health	
Dental and Oral Health		Maternal & Child Health		Other? (type here)_____	

3. Are your interests linked to any specific communities (race, ethnicity, economic status, housing status, etc.)? If so, please tell us which ones.

4. Do you work in Health Care or for a Health Organization? ☐ Yes ☐ No

If yes, please describe your role in the Healthcare Industry:

5. Are you, your dependent child or adult, a patient at one of the Multnomah County Health Department clinics? ☐ Yes ☐ No

If so, when/where was your/their last visit?

6. Do you, your spouse, child, or parent, work for Multnomah County, the Health Department, Integrated Clinical Services (ICS), or the Board of County Commissioners (BCC)? ☐ Yes ☐ No

If yes, please describe your relationship with the employee:

7. Do you live and/or work in Multnomah County? (Select all that apply). ☐ Live ☐ Work

8. Do you have **skills or experience** in any of these areas?
Please mark all of your skills with either; **B** (Beginner), **I** (Intermediate), or **E** (Expert).

Previous Board Experience	Healthcare Systems	Public Health Issues
Banking/Finance/CPA	Human Resources	Public Speaking
Community Organizing	Legal/Paralegal/Lawyer	Quality Assurance
Conflict Resolution	Management/ Supervision	Non-Profits
Diversity/Equity/Inclusion	Patient Experience/ Advocacy	Other?
Health Promotion	Policy Development/ Review	

9. Do you hold a professional licensure, degree, or certification that would enhance/inform your board membership?

10. Which committees would you be interested in joining?

Finance ☐ Quality ☐ Bylaws ☐ Nominating ☐

11. Please list any skills that you want to develop; _____

12. Do you actively participate in any other advocacy organizations? ☐ Yes ☐ No

If you answered "Yes", please share their names. _____

13. Can you commit to attending at least one, two-hour (2 hr) meeting per month? ☐ Yes ☐ No

14. Which race(s) AND ethnicity(ies) do you identify with?

15. What is your preferred language?

16. Do you have any dietary preferences or restrictions?

17. Do you need assistance with transportation to/from board related activities? ☐ Yes ☐ No

Optional: Is there anything else that you want to tell us about yourself? Use a separate sheet of paper, if needed, to describe (familial and personal obligations, health conditions, etc.)

Signature By signing below, I certify that the information I have provided in this application is true to the best of my knowledge.

Signature: _____ Date: _____