



# Crescent Community Health Center

## Board Member Application

### INTRODUCTION

Thank you for your interest in applying to become a voluntary member on the Board of Directors for Crescent Community Health Center (CCHC).

CCHC is a non-profit voluntary organization with the Mission to provide high-quality, respectful, and affordable medical, dental, and brain health care to improve the health and well-being of our community.

CCHC is the recipient of a grant from the federal government to operate as a Federally Qualified Health Center (FQHC). FQHCs are non-profit or public entities that serve designated medically under-served populations. To qualify as an FQHC, the health center must demonstrate that it is responsive to the needs of the population it serves. For the Board of Directors, this means that the Board must be composed of a majority of members who are health center patients and whose composition broadly reflects that of the community at large.

Prospective board members are invited to submit a completed application and professional CV or resume to Aleah Maiers, CCHC's Executive Administrative Assistant.

Mail or hand deliveries:  
Crescent Community Health Center, Attn: Board  
1690 Elm St Suite 400  
Dubuque, IA 52001

Email completed applications with resume (if desired) to: [amaiers@crescentchc.org](mailto:amaiers@crescentchc.org)

The following application requests personal information related to your role as a prospective Board member, including information specifically related to the FQHC requirements.

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### Personal Information

Name: \_\_\_\_\_  
*First* *Middle* *Last*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Gender:       Male       Female       Other       Decline

Are you at least 18 years of age?       Yes       No

Are you a veteran?       Yes       No

Race/Ethnicity:

American Indian/Alaskan Native

Black/African American

Hispanic/Latino

Native Hawaiian/other Pacific Islander

Asian

White/Caucasian

More Than One Race

Other

Decline

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### **Employer Information (if applicable):**

FQHCs cannot have more than half of their non-patient board members receive income that exceeds 10% of their annual income from the healthcare industry.

Are you currently employed in the health care industry? *(If uncertain please select yes, and we will work with you to make a determination.)*       Yes       No

Employer: \_\_\_\_\_

Position or title with your employer: \_\_\_\_\_

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### **Qualifications**

As an FQHC, CCHC's board of directors is required to have at least 51% patient representation. Someone who is the parent of a CCHC patient or who is financially responsible for someone who uses our services may qualify for the position providing patient representation.

No Board member may be an employee of CCHC or an immediate relative of an employee, including a spouse, parent, child, or sibling through blood, adoption, or marriage.

Are you or a direct family member currently a CCHC patient or are you financially responsible for someone who is a CCHC patient?       Yes       No

Do you have any immediate family members who are employed by CCHC?       Yes       No

Please select particular interests or specialty knowledge:

Finance/Accounting

Government/Community Affairs

Governance/Legal

Information Technology

Health Care Delivery

Leadership Development/Strategic Planning

Human Resources

Other \_\_\_\_\_

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## **Board and Committee Meetings**

Regular Board meetings are currently held monthly on the fourth Thursday of each month at 4:00 p.m. Meeting attendance is necessary for the Board to function cohesively and to be effectively informed. Although in-person participation is preferable, arrangements are made for virtual participation.

Are you able to attend monthly meetings?       Yes       No

Board members are expected to participate in one of CCHC's sub-committees in addition to Board meetings. Your preferences will be taken into consideration and determination will be made on what is best suited for the organization's needs. Please indicate your first and second choice from the list below:

\_\_\_\_\_ Finance Committee – meets the Tuesday before the 4<sup>th</sup> Thursday each month at 4:00 PM

\_\_\_\_\_ Personnel Committee – meets the 2<sup>nd</sup> Tuesday each month at 2:00 PM

\_\_\_\_\_ Board Recruitment & Governance Committee – meets the 3<sup>rd</sup> Monday each month at 4:00 PM

\_\_\_\_\_ Performance Improvement Committee – meets the 3<sup>rd</sup> Wednesday of each month at 4:00 PM

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## **Statement of Interest**

Why are you interested in serving on CCHC's Board of Directors? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **RELEASE OF INFORMATION CONSENT**

The information I have provided, and the responses given, are correct and complete to the best of my knowledge and belief. Crescent Community Health Center staff or board members may contact any individuals/agencies, etc., documented in this application for the purpose of verifying the information provided. Additionally, I am aware that my application is subject to public disclosure.

I understand that acceptance on CCHC's Board of Directors is contingent upon the successful completion and clearance of a criminal background check and the Office of Inspector General's exclusions check.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **MEDIA CONSENT**

I authorize Crescent Community Health Center to videotape, take a digital image or other image of me, and I agree that the negatives, digital images, video, or photographs may be kept, stored, and used in health center promotion and publications.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date