



# Mora Valley Community Health Services, Inc.

P.O. Box 209 Mora, New Mexico 87732

## Application to Serve on the Board of Directors

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Explain why you are interested in serving MVCHS:

Describe area(s) of expertise/contribution you feel you can make:

Other volunteer commitments you currently have:

Are you related to anyone currently employed by MVCHS, and if so, to whom?

### **NOTICE TO APPLICANT: PLEASE ATTACH RESUME**

*For Board Use Only*

\_\_\_ *Nominee has had a personal meeting with either the Nominating Committee, Director, Board President, and/or other Director. Date of Meeting: \_\_\_\_\_.*

\_\_\_ *Nominee reviewed by the Recruitment Committee. Date Reviewed: \_\_\_\_\_.*

\_\_\_ *Nominee attended Board meeting and interviewed by Board. Date Attended: \_\_\_\_\_.*

\_\_\_ *Action taken by the Board: \_\_\_\_\_.*