Bloss Memorial Healthcare District

1691 Third Street, Atwater, CA
(209) 349-0500

Application for Appointment to Board of Directors Vacancy (Zone 2)

In order to be qualified, you must be a registered voter who resides within the jurisdictional boundaries of BMHCD and within Zone 2. Please return the completed application in person, or by mail or email it to Fily Cale at filycale@bmhcd.org.

Name:_____ Date:_____

When posted on the BMHCD website, your address, phone numbers, and email address will be redacted.

Residence Address:_____

City, State, Zip:_____

Home Phone:_____ Cell:_____

Email Address:_____

_____

Please Answer the Following Questions

You may answer in the space provided, or you may provide your answer on a separate sheet of paper and attach it to this form.

1. Why are you interested in applying for the current vacancy on the District's governing Board of Directors?

_____

_____

_____

_____

_____

_____

2. What do you think the priorities should be for the BMHCD Board of Directors over the next two years?

_____

_____

_____

_____

_____

3. Describe any experience in serving on public boards or commissions.

4. Describe how your background would contribute to the Board and the District, including any involvement you have had with local or regional issues.

5. How would you be diplomatic, collaborative, and effective working with staff and the other Board members in furthering the efforts of BMHCD in the region?

I certify under PENALTY OF PURJURY under the laws of the State of California that I am a registered voter and reside within the jurisdictional boundaries of the Bloss Memorial Healthcare District (Zone 2).

Signature

Thank you for your interest in the Bloss Memorial Healthcare District and for applying for this position.