

APPLICATION FOR APPOINTMENT TO HOSPITAL BOARD

Name _____

Legal Town of Residence _____ Year Round Resident? _____

Occupation _____

Home Mailing Address _____

Business Address _____

Phone (work) _____ (home) _____ (fax) _____

e-mail _____ Date of Birth _____

Education (please note institutions, dates, and degrees if applicable)

High School _____ Post Secondary _____

Name(s) of boards and/or committees you are interested in serving on:

Please list association memberships: _____

Have you or members of your immediate family (spouse, domestic partner, child, parents, siblings) or businesses in which you or they have been an owner, officer, or employee, held any contractual or other direct dealings during the last four years with the Health System? If yes, please explain. (Use a separate attachment if necessary).

Have you held or do you hold an occupational or professional license or certificate in the State of New York or any other state? If yes, please note the title and issuing authority:

CAN YOU: (yes – no)

Attend daytime meetings? _____

Spend time reading materials in preparation for meetings? _____

Participate in strategic planning outside of meeting times? _____

Is there anything else you think we should know about you, your background, or experiences?

Please list three persons unrelated to you who would support your appointment:

Name	Occupation	Address	Phone
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Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance (exclude traffic violations for which a fine or civil penalty of \$150 or less was paid) Yes _____ No _____ If yes, please give details:

Is there anything in your background that, if made public, would be an embarrassment to you or the County? Yes _____ No _____ If yes, please give details:

Applicant's Signature _____

Date _____

Please feel free to attach a sheet if not enough space is provided for your answers. A short virtual resume form is attached if you wish to utilize. Please return this form and resume to:

Wyoming County Board of Supervisors

County Office Building
143 North Main Street
Warsaw, New York 14569