



Dr. Arenia C. Mallory Community Health Center, Inc.

17280 Highway 17 South, Lexington, MS 39095

Telephone: 662.834.1857 ext. 28 • Facsimile: 662.834.4937 • Website: www.mallorychc.org

Board of Directors Candidate Application

Name, Phone, Email Address of Organizational Representative:

Date _____

Name: _____
FIRST MI LAST

Mailing Address:

Address _____

Phone _____ E-mail _____

Employer:

Name _____

Your title _____

Address _____

Phone _____ E-mail _____

Type of business or organization _____

Primary service(s) and area/population served _____

Preferred method of contact: Work # _____ Mobile # _____

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In lieu of listing out Education/Training/Certificates, you may submit a resume.*

Education/Training/Certificates:

How do you feel **Mallory Community Health Center** would benefit from your involvement on the Board?

Skills, experience and interests (Please check all that apply)

- | | |
|----------------------------------|------------------------|
| Finance, accounting | Education, instruction |
| Personnel, human resources | Special events |
| Administration, management | Grant writing |
| Nonprofit Experience | Fundraising |
| Community service | Outreach, advocacy |
| Policy development | Other _____ |
| Program evaluation | Other _____ |
| Public relations, communications | Other _____ |

Thank you very much for applying!

