



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

17280 Highway 17 South, Lexington, MS 39095

Telephone: 662.834.1857 ext. 28 • Facsimile: 662.834.2566 • Website: www.mallorychc.org

Application for Board of Directors

Return to Organizational Representative: Miranda Roberson, mroberson@mallorychc.org

Date _____

Name: _____
FIRST MI LAST

Mailing and Physical 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!

Application for Board Candidacy Cont'd

We want to understand your views on current operations and how your potential contributions might fit with the organization's vision. Please answer the following questions. Limit your response to this page/the space provided. Address and contact information will not be distributed. Please also send your resume or CV (Curriculum Vitae) to Mallory CHC Administration Department, Post Box 479, Lexington, MS 39095 or fax it to (662)834-4937.

1. Please **briefly** describe your academic and professional background, and other experience relevant to community health.

2. Why do you seek a position on Mallory Community Health Center's Board of Directors?

3. Please briefly outline the specific skills you bring, or contributions you hope to make, to Mallory Community Health Center.

ONLY THIS SINGLE PAGE WILL BE DISTRIBUTED TO COMMITTEE MEMBERS ALONG WITH YOUR CV (Curriculum Vitae) OR RESUME. LIMIT RESPONSE TO THE SPACE ABOVE!