



**Metro Community
Health Center**

Metro Community Health Center: Board Member Application/Nomination Form *updated 8/24/17*

Know someone who would make a great board member? Please tell us about them (or yourself) and return the application via mail or email to kklinger@metrofamilypractice.org. Please use the other side if you need more room. Thank you!

Who is recommending the candidate (circle one):

Self Other

Candidate's Name/Contact Info:

Name _____ E-mail _____

Address _____

Phone _____ Circle One: Home or Mobile

Professional experience/skills/interests:

Do you (or the person you're nominating) live or work in Metro's service area, which includes the following zip codes: 15206, 15208, 15218, 15221, 15235, 15104 (circle one):

Yes No

Are you (or the person you're nominating) a Metro patient (circle one):

Yes No

Do you (or the person you're nominating) work in the health care industry (circle one):

Yes No

Do you (or the person you're nominating) know of any potential conflicts of interest (circle one):

Yes No Not sure

In your opinion why are you (or the person you're nominating) a good candidate for Metro's board?