



Metro Community  
Health Center

**Metro Community Health Center: Board Member Application Form** *updated 4/28/2020*

Would you make a great board member? Please tell us about yourself and return the application to the front office or via mail or email to [kklinger@metropgh.org](mailto:kklinger@metropgh.org). Please use the other side if you need more room. We encourage you to attach your resume or CV as well. Thank you!

**Candidate's Name/Contact Info:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Are you a Metro patient? (circle one)**

Yes

No

**Do you work in the health care industry? (circle one)**

Yes

No

**Is one of your immediate family members a staff member at Metro? (circle one)**

Yes

No

**How did you hear about membership on Metro's board?**

**Relevant experience/skills/interests:**

**In your opinion, why are you a good candidate for Metro's board?**

**Have you ever served on any other boards?**

*Per Metro Board bylaws, health center employees, and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be health center board members. In addition, no board member or immediate family of a board member may seek employment at Metro during his or her term or for a period of one year after the completion of his or her term of service on the board. This extends to two years if the board member resigns prior to term completion.*