



tandem health

Tandem Health Board Member Application Form

Please Type or Print

Name: _____

Address: _____

City: _____ Zip: _____ Telephone: _____

Email Address: _____

Nature of Employment:

In what county do you reside? _____

Do you or a member of your immediate family receive healthcare services at Tandem Health?
_____ Yes _____ No

Memberships/affiliations in other organizations (for example: churches, civic organizations):

Why do you want to be a Board member?



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What special contributions would you make as a Board member?

Other nonprofit or Board experience:

Additional information you would like shared with the Board:

Please list the names of any of the current Board members that you know:

Please read the attached **Board Expectations**.

If you become a Board member would you accept the responsibilities of a Board member as outlined in the **Board Expectations**? _____ Yes _____ No

Signature of Applicant: _____ Date: _____

Please note: Many people apply for open board positions. A selection process follows, including screening, interviewing, and matching with current Board needs.