



# APPLICATION

## For serving on the Board of Directors of Omni Family Health

I, \_\_\_\_\_ am interested in serving on the Board of Directors of Omni Family Health.

My qualifications for serving on the Board are: \_\_\_\_\_

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My experience in the community and work that can benefit Omni Family Health by serving on the Board of Directors is:

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My past and current involvement in community activities (including community, social and religious groups) are as follows:

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I am currently a patient of the Omni Family Health health center services:

Yes  Location (site): \_\_\_\_\_

No

My home address is:

Mailing/street address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

My work address is (if applicable):

Mailing/street address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: (Home) (     ) \_\_\_\_\_

(Work) (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

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**TO ALL APPLICANTS**

Please be advised that if you have any immediate family members employed by OFH, you are **not qualified** to apply. "Immediate family member" means any of the following: the member's or employee's spouse; natural or adoptive parent, child or sibling; stepparent, stepchild, stepbrother or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent or grandchild; or spouse of a grandparent or grandchild.

Serving on the Omni Family Health Board of Directors is on a voluntary basis.