



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:

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

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

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:

Cell:

Work:

E-mail:

I _____ authorize Omni Family Health to conduct a basic background check on me through the Office of the Inspector General, as required by Health Resources & Services Administration (HRSA).

TO ALL APPLICANTS

Please be advised that if you have any immediate family members employed by Omni, 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.

All Omni Family Health Board of Directors are covered under the organization's Director's and Officer's Insurance policy.