****

**Board Recruitment Committee**

**Nomination to Board**

**Welcome to the San Mateo County Health Care for the Homeless/Farm Worker Health Co‐Applicant: Board Application for Board Membership.**

1. Please state your name

1. Your contact information (email and phone number).

1. What city/county do you reside in?

1. What is your place of employment and title, (if applicable)?

1. What experience and/or skills do you have that would make you an effective member of the

Board?

1. Briefly describe why you would like to join the HCH/FH Board

1. Are you homeless, formerly homeless, a farmworker, retired farmworker, or a dependent of a

farmworker?

**We highly encourage applicants who are homeless, formerly homeless, a farmworker, retired**

**farmworker, or a dependent of a farmworker.**

The Board requires a member to be a **resident of San Mateo County**.

Federal regulations require that Board members observe the following Conflict of Interest policy: Health Center bylaws or written corporate Board‐approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center.

* No Board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non‐voting ex‐officio member of the Board. (45 CFR Part 74.42 and 42 CFR Part 51c.304b)