



## SVLHCD BOARD OF DIRECTORS APPLICATION

Thank you for your interest in joining the Sierra View Local Health Care District Board. Use this form to provide useful information about yourself, to ensure the best match between you and the district.

Candidate Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail address (please write it carefully):

\_\_\_\_\_

Please describe your relevant experience and/or employment. You may also attach a resume.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the area(s) of expertise/contribution you feel you can make to further the mission of SVLHCD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in serving as a Board member for SVLHCD?:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_