

**Lake Superior Community Health Center
Board Application Form**

Name

Home Street Address

City

State

Zip

Home Phone #

Cell Phone #

Email

Work Experience

Employer/Position *(If currently not employed, please describe past work or profession, attach resume if available)*

Work Street Address

City

State

Zip

Work Phone #

Work Email

Preferred Address for Correspondence

Home

Work

Please describe what interests, skills and leadership experiences (life, work, community) you could bring to LSCHC as a board member. Include any education, training, previous non-profit board experience or health care consumer perspective.

How did you hear about this opportunity?

Are you a patient/client of LSCHC? *A patient/client is defined as a user of the Health Center clinical services who has received services within the past 2 years.*

Yes

No

Follow Up Notes

Signature

Date

Please send completed application to:
Lake Superior Community Health Center, ATTN: CEO, 4325 Grand Ave, Duluth, MN 55807

