

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

Name

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Home Street Address

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City

State

Zip

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Home Phone #

Cell Phone #

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Email

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**Work Experience**

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

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Work Street Address

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City

State

Zip

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Work Phone #

Work Email

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Preferred Address for Correspondence

Home

Work

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**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.**

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**How did you hear about this opportunity?**

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**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

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**Follow Up Notes**

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Signature

Date

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

