



**WATERFALL COMMUNITY HEALTH CENTER  
BOARD OF DIRECTORS APPLICATION**

<b>Date of Application:</b>	
<b>Name:</b>	
<b>Home Address</b>	<b>Phone:</b>
	<b>E-mail:</b>
<b>Occupation:</b>	
<b>Business Address</b>	<b>Phone:</b>
	<b>E-mail:</b>
<b>How many years have you resided in our community?</b>	
<b>Do you have a relative that is a currently employed with Waterfall Community Health Center? If so, list name.</b>	
<b>Please list any prior experience working with non-profits or on a board of directors.</b>	
<b>What strengths, skills, and/or education do you have that will help you in your role as a member of the Board?</b>	
<b>Why do you want to serve as a member of the Waterfall Board of Directors?</b>	



Any other feedback or comments to include in this application?

**REFERENCES**

**Name:**

**Name:**

**Address:**

**Address:**

**Occupation:**

**Occupation:**

**Phone and email:**

**Phone and email:**

**CERTIFICATION OF APPLICATION**

I hereby certify that the above information is true and correct. I also authorize the Waterfall Community Health Center Board, or the designee of the Board to verify information contained in this application.

**Signature:**

**Date:**

**Return application to:**  
*Waterfall Community Health Center*  
*1890 Waite Street, North Bend OR 97459*  
*Email: [atrenner@wfall.org](mailto:atrenner@wfall.org)*