



2018 New Board Member Application

NYSARH Members interested in being considered for service on the Board of Directors are invited to submit this signed and completed application by **August 3, 2018** by email to info@nysarh.org or by fax to (607) 344-0048. Any questions may be directed to the Chair of the Governance Committee, Claire Parde, by email to cparde@columbiahealthnet.org or by phone at (518) 822-8820.

Part I. Contact Information

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Personal e-mail address: _____

Employer: _____

Work Address: _____

Work Phone: _____

Work e-mail address: _____

Occupation/Position: _____

Part II. Regional Representation

Please select the geography with which you work/identify:

- Lower Hudson Valley (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester)
- Capital District/Northern Catskills (Albany, Columbia, Greene, Rennselaer, Saratoga, Schenectady, Warren and Washington)
- Adirondack (Clinton, Essex, Franklin, St. Lawrence, Jefferson, Lewis)
- Central NY (Cayuga, Cortland, Fulton, Hamilton, Herkimer, Madison, Montgomery, Oneida, Onondaga, Oswego, Schoharie)
- Southern Tier (Broome, Chemung, Chenango, Delaware, Madison, Otsego, Schuyler, Steuben, Tioga and Tompkins)
- Finger Lakes (Orleans, Genessee, Wyoming, Monroe, Livingston, Wayne, Ontario, Yates, Seneca)
- Western Region (Niagara, Erie, Chautauqua, Cattaraugus, Allegany)
- Elsewhere (please specify): _____

Part III. Sector Representation

Please check the following that describes the sector you represent (check all that apply):

- Healthcare Providers/Practitioners
- Acute Care/Hospitals/Health Systems
- Community Health Centers/FQHCs
- Dental/Oral Care
- Aging/Long Term Care
- Home Care
- Emergency Medical Services
- Behavioral Health
- Pharmacy
- Military (active duty and veterans)
- Infants & Children
- LGBTQT
- Human Service Agencies
- Supportive Service Agencies
- Public Health Organizations
- Health Planning Organizations
- Health Plans/Managed Care
- Healthcare Workforce
- Rural Economic Development
- Rural Health Networks
- Transportation
- Agriculture (industry and labor)
- Education/Academia
- Consumers
- Funders/Foundations
- Immigrant Populations
- Clergy
- Business & Industry
- Elected Officials
- Other rural stakeholder group (please specify): _____

Part IV. Eligibility

Please circle if the following statement is true or false

True False I am either an individual member or a representative for an organizational member of the Association.

Part V. Skills/Competencies/Areas of Expertise

Please check off any area in which you have background or expertise:

- Administration/Management
- Accounting/Fiscal oversight
- Legal
- Human resources/personnel management
- Marketing/Communications/PR
- Business development
- Early-stage organizations/startups
- Nonprofit Governance
- Strategic planning
- Membership recruitment/management
- Nonprofit program design/evaluation
- Fundraising/access to resources
- Education/training
- Leadership development
- Healthcare industry knowledge
- Clinical practice knowledge
- Policy/Advocacy/Government Relations
- Subject matter expertise (please specify):
- Telehealth
- Group Process
- Other (please specify): _____

Part VI. Other qualities

Please check off any additional qualities that you would bring to your board service:

- Connections to policy makers
- Connections to a national field/industry network
Please specify:_____
- Connections to particular communities and/or populations
Please specify:_____
- Connections to funders
- Passion for the mission
- Availability/capacity to work/follow-through
- Meeting facilitation
- Team/consensus building
- Vision/big picture/strategic thinking
- Communication skills
- Leadership
- Contributes to board diversity
- Other (please specify):

Please list the Boards on which you currently serve and any positions you hold (e.g. Committee Chair, Officer, etc.):_____

Please list any additional Boards on which you have served in the past five years and any positions held (Committee Chair, Officer, etc.):_____

Please list any Volunteer Activities with which you are involved:_____

Part VII: Interest

Please provide brief answers to the following questions. You may attach a typewritten response.

1. Briefly state the reason(s) for your interest in becoming a NYSARH Board Member:

2. List any NYSARH committees and/or working groups on which you currently or previously have served:

3. What specific rural health issues are of interest to you?

4. How will the Board and/or the Association benefit from your active participation?

5. If elected, please indicate on which of the following Committees of the Board or Corporation you would like to serve. *(Please note that this is for informational purposes only, and does not ensure an appointment to the Committee(s) noted).*

Membership

Policy

Finance

Conference Planning

Governance

Part VIII: References

Please list three personal or professional references:

Name of Reference: _____
Title: _____
Affiliation: _____
Phone Number: _____
Email Address: _____

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Affiliation: _____
Phone Number: _____
Email Address: _____

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Title: _____
Affiliation: _____
Phone Number: _____
Email Address: _____

Part IX: Attestation

If elected to the NYSARH Board of Directors, I, _____, affirm that I am able to fulfill the duties and responsibilities of a NYSARH Board member, which include, but are not limited to, the following:

- Maintaining regular attendance at board and committee meetings [usually via telephone]
- Serving as a member of at least one committee of the board or corporation
- Assisting with and participating in the Annual NYSARH Conference
- Participating in the approval of the annual budget and the allocation of any available grant funding
- Maintaining general support of the Association and its purposes
- Participating in policy, management and election discussion and decisions
- Exercising my voting rights
- Assisting in the creation of standing, special and/or ad-hoc committees as needed
- Demonstrating board member responsibilities of care, loyalty, and obedience.

Candidate's Signature

Date