

2019 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 **July 12, 2019** by email to <u>info@nysarh.org</u> or by fax to (315) 379-7707. Any questions may be directed to the Chair of the Governance Committee, Claire Parde, by email to <u>cparde@columbiahealthnet.org</u> or by phone at (518) 822-8820.

Part I. Contact Information

Employer:_Central New York Area Health Education Center (CNYAHEC)			
Work Address:9 Main Street, Cortland, NY 13045			

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

Part IV. Eligibility

Please circle if the following statement is true or false

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

Part VI. Other qualities

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

 \Box Connections to policy makers

- ⊠Connections to a national field/industry network
 - Please specify: Connections to nationwide AHEC network

Connections to particular communities and/or populations

Please specify: LGBT community, middle and high school students, college students

- \boxtimes Connections to funders
- \boxtimes Passion for the mission
- Availability/capacity to work/follow-through
- \boxtimes Meeting facilitation
- ⊠Team/consensus building
- ⊠Vision/big picture/strategic thinking
- \boxtimes Communication skills
- ⊠Leadership
- \boxtimes 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.): <u>Voter Services Chair, League of Women Voters Tompkins County;</u> <u>Communications/Outreach Chair, Ithaca Avengers Women's Rugby Team</u>

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: <u>Voter registration drives and</u> <u>other non-partisan voter information sessions, moderator of candidate forums</u>

Part VII: References

Please list three personal or professional references:

Name of Reference: Jackie Shawnee
Title: Director of Communications
Affiliation: Oklahoma City-County Health Department
Phone Number: <u>405-419-4032</u>
Email Address: Jackie_shawnee@occhd.org
Name of Reference: Marshall Cheney, Ph.D
Title: Associate Professor, Department of Health and Exercise Science
Affiliation: University of Oklahoma
Phone Number: <u>405-325-6322</u>
Email Address: marshall@ou.edu
Name of Reference: Ashleigh McGowan
Title: Director of Strategy and Planning
Affiliation: Health WorkForce NY
Phone Number: <u>800-516-9693</u>
Email Address: amcgowan@hwapps.org

Part VIII: Attestation

If elected to the NYSARH Board of Directors, I, Mandy Qualls, 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

6/17/2019