

**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[info@nysarh.org](mailto:info@nysarh.org) or by fax to (315) 379-7707. Any questions may be directed to the Chair of the Governance Committee, Claire Parde, by email to [cparde@columbiahealthnet.org](mailto:cparde@columbiahealthnet.org) or by phone at (518) 822-8820.

**Part I. Contact Information**

Name: \_\_\_\_\_\_\_\_Paul Pettit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_2636 Oak Orchard Road, Albion, NY 14411\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_585-690-5317\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal e-mail address:\_\_\_\_\_\_pajapettit@gmail.com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_Genesee & Orleans County Health Departments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address:\_\_\_\_14016 Route 31 West, Albion, NY 14411\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_585-589-3250\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work e-mail address:\_\_\_\_\_paul.pettit@orleanscountyny.gov\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Position:\_\_\_\_\_\_\_\_\_Director of Public Health\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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
* LGBQT
* 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.):\_\_\_\_NYSACHO – Executive Committee - Immediate Past President, R-AHEC, Lake Plains Community Care Network, HEALTHeLINK, Western New York Public Health Alliance, Albion Running Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_Same\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any Volunteer Activities with which you are involved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Medical Reserve Corps, Faith based organizations, School functions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part VII: References**

*Please list three personal or professional references:*

Name of Reference:\_\_\_Charlotte Crawford\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_Executive Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_Lake Plains Community Care Network\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_585-345-6610\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_ccrawford@lakeplains.org\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference:\_\_\_\_\_\_Dan Stapleton\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_Public Health Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_Niagara County Health Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_585-439-7458\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_dan.stapleton@niagaracounty.com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference:\_\_\_\_Brenden Bedard\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_Director of Community Health Services\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_Genesee/Orleans County Health Departments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

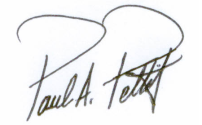
Phone Number:\_\_\_\_\_\_\_\_\_\_\_585-589-2778\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_brenden.bedard@orleanscountyny.gov\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part VIII: Attestation**

If elected to the NYSARH Board of Directors, I, \_\_\_\_Paul Pettit\_\_, 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

 July 12, 2019

**Candidate’s Signature Date**