

**East Central Oklahoma Family Health Center, Inc.**  
**Prospective Board Member Information**  
**(All Information is Required for Federal Grant Applications)**

Name (Please Print)

\_\_\_\_\_

Address (Please Print)

\_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Telephone Number(s) where you would prefer to be reached.

Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

I am fully vaccinated against COVID-19: \_\_\_\_\_ Yes \_\_\_\_\_ No

I am prepared to follow the ECO Family Health Center Vaccine Mandate Policy. \_\_\_\_\_ Yes \_\_\_\_\_ No

Social Security Number (after approval to the board for Federal Demographic Requirements)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

***The following information is required for Federal Demographic Requirement and for determination of ECOFHC Board of Director's eligibility.***

<i>Gender</i>	<i>(check appropriate Item)</i>
Male	
Female	
Unreported/Declined to Report	
<i>Ethnicity</i>	
Hispanic or Latino	
Non-Hispanic or Latino	
<i>Race</i>	
Native Hawaiian	
Other Pacific Islanders	
Asian	
Black/African American	
American Indian/Alaska Native	
White	
More Than One Race	
Unreported/Declined to Report	

I am available to attend monthly, special meetings and committee meetings at least once per month.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Form 006 Board Member Application

Are you currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or nonprocurement programs?      Yes      No

<b>Qualification Checklist</b>	
<p><b>Area of Expertise</b></p> <p><i>(please circle all that apply)</i></p>	<p>Community Affairs                      Local Government                      Legal Affairs                      Finance and Banking                      Trade Unions                      Education                      Business                      Social Services Agencies                      Labor Relations                      Other Commercial and Industry                      Homemaker                      Retired</p>
<b>&gt;10% of Income from Health Industry</b>	
<b>Current Health Center Patient</b>	
<b>If not, willing to make ECOFHC health care home</b>	
<b>Live or Work in Service Area</b>	

1. Tell us about your background and what strengths or special perspectives you would bring to the Board of Directors of East Central Oklahoma Family Health Center, Inc..

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2. Please list any experiences you have had as a board member or committee member.

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3. Why do you think you would be a good choice for board member?

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Form 006 Board Member Application

The ECOFHC Board of Directors encourages each prospective board member to attend at least one board meeting before appointment. The Board meetings are held the third Monday of each month at the ECOFHC Administration Building, 120 East Broadway, Wetumka at 5:00 p.m.

I certify that all information is correct:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

***Please return completed application to P.O. Box 236, Wetumka, OK 74883 or fax to 405-452-3310.***