

Del Puerto Health Care District

Alternate Letter of Application for Appointment to

District Board of Directors

Ad Hoc Committee _____

About You

Name: _____

Address of Residence _____

Are you registered as a voter at the residence listed above? Yes No.

Length of tie at this residence. _____

Email Address _____ Best phone number _____

Employer (or most recent if retired) _____

Education (high school, college, trade school, or training) _____

Note: There is no specific educational requirement

Do you have any financial or professional interest or association within healthcare? Yes No Are you related to any employees of Del Puerto HealthCare District? Yes No

If yes, Explain _____

Please list past and present community service. List any past and present elected offices held. _____

Interest in local healthcare

What are your main interest(s) in healthcare? _____

Have you used Del Puerto Health Care District services (Clinic, Ambulance) before? Yes No

If yes, how would you describe your experience? _____

Interest in Local Government

What are your main interest(s) in local government? _____

Please List Three references with telephone numbers and emails

Name	Phone Number	Email
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Other Comments

Applicant Certification and Acknowledgement: PLEASE READ BEFORE SIGNING.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand the statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may result in denial of appointment.

I hereby authorize representatives of the Board of Directors of Del Puerto Health Care District to contact organizations (including employers and schools) and individuals listed, for the purpose of establishing or verifying my qualifications and work history in connection with this application. I understand and acknowledge that such information will be used confidentially and for the purpose of appointment decisions only.

I understand and hereby accept that if the Del Puerto Health Care District appoints me to the District Board of Directors, I will serve without pay and will be subject to the filings of the Fair Political Practices Commission (statements of Economic Interest – Form 700), State mandated training, and the District Board Governance policies and procedure

Date: _____ Signature; _____

File this application with: Clerk of the Board
Del Puerto Health Care District
875 E Street
P. O. Box 187
Patterson, CA 95363