

## Application to Fill an Open Board Seat

San Bernardino Mountains Community Hospital District (SBMCHD) is a special health care district operating Mountains Community Hospital and is governed by a publicly elected board of directors. The board is comprised of dedicated community members with expertise and experience in a variety of areas beneficial to the hospital.

The San Bernardino Mountains Community Hospital District has one (1) opening on its Board of Trustees. To be eligible to fill this office, on a temporary basis, you must be a registered voter and live within the Hospital District.

If you have an interest in serving on the Board of Trustees, please complete this application and return it to Kristi McCasland by email to: <u>kristi.mccasland@mchcares.com</u>, by mail to: Mountains Community Hospital Attn: Administration P.O. Box 70 Lake Arrowhead, CA 92352

Or, you may hand deliver your application to the District Secretary at: Mountains Community Hospital Attn: Administration 29101 Hospital Road Lake Arrowhead, CA 92352

Applications should be received by no later than 4:00 p.m. on Friday, February 16, 2024.

If you have any questions, please call Kristi McCasland, District Secretary, at (909) 436-3201.

ARE YOU A REGISTERED VOTER WITHIN THE DISTRICT	? Yes	No
NAME:	_AGE (option	al):
RESIDENCE ADDRESS:		
BUSINESS OR MAILING ADDRESS:		
PHONE (DAYTIME): PHONE (EV	ENING):	
E-MAIL (optional):		



EDUCATION					
Institution	Major	Degree	Year		

WORK / VOLUNTEER EXPERIENCE						
Organization	City	Position	From	То		

## **STATEMENT OF QUALIFICATIONS:**

Please briefly describe your qualifications and why you are interested in serving as a SBMCHD Board Member.

Years of residence in the San Bernardino Mountains Community Hospital District



## **QUALIFICATIONS: (Stay within space allowed for answers. Do not attach extra pages.)**

1. Provide a description of your educational work and/or public service background.

2. Why do you wish to serve on the Board and what do you hope to accomplish?

3. What skills, abilities, and experience would you bring to the SBMCHD Board to assist in carrying out its responsibilities?



4. List your involvement in activities that demonstrate your understanding and support for the health care industry, such as membership on committees/organizations, offices held, volunteer work, and community service.

5. List in order of importance, the major issues that you believe are confronting the health care industry and, specifically, the San Bernardino Mountains Community Hospital District.

6. Explain what you believe to be the mission of the San Bernardino Mountains Community Hospital District.



## **CERTIFICATION:**

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

Signature

Date