



## Compassion Health Care, Inc.

### BOARD MEMBER ROLES & RESPONSIBILITIES

Compassion Health Care's (CHC's) Board of Directors is a Governing Board. The following is intended to serve as a summary of activities for which the Board is responsible for:

- Each member is expected to make good-faith efforts to regularly attend meetings of the Board of Directors. The meetings are regularly scheduled on the third Tuesday of each month at 6:15pm in CHC's Conference Room;
  - Participation in Board Committees. Each board member is asked to consider serving on at least two committees;
  - Participate in fundraising, marketing/outreach, and advocacy on behalf of CHC and issues relevant to the patients the organization serves;
  - Elect officers for the Board of Directors (Chair, Vice-Chair, Secretary and Treasurer);
  - Consider recommendations from staff and ultimately make decisions as to hours of operations, organizational policies (i.e., personnel, finance/billing), fee schedules, etc.;
  - Ensuring consistent compliance with all local, state, and federal laws, as well as with requirements established by the US Department of Health and Human Services – Human Resources and Services Administration (HRSA), and other grant making sources;
  - Maintain CHC's Strategic Plan, including identifying services to be offered based on community need;
  - Approval of CHC's annual grant and budget submission to HRSA;
  - Acceptance of an annual external financial audit;
  - Maintain and act in accordance with organizational bylaws;
  - Approve and maintain plans related to quality and risk management;
  - Annual evaluation of the Chief Executive Officer;
  - Appointment and re-appointment and approve privileges for all medical staff; and
- Complete an annual Board Self Evaluation.



**Compassion Health Care, Inc.**

**APPLICATION FOR BOARD MEMBERSHIP**

\_\_\_\_\_  
*First Name*                      *Middle Name*                      *Last Name*

\_\_\_\_\_  
*Home Address*                      *City*                      *State*                      *Zip*

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Home Phone*                      *Cell Phone*

\_\_\_\_\_  
*Personal E-Mail Address*

\_\_\_\_\_  
*How did you become aware of the opportunity to serve on CHC's Board? (Who referred you?)*

**PROFESSIONAL BACKGROUND**

\_\_\_\_\_  
*Employer*

\_\_\_\_\_  
*Position/Title*                      *Length of Service*

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*Work Phone*                      *Fax*

\_\_\_\_\_  
*Work E-Mail Address*

Why would you like to become a member of the CHC Board of Directors or what do you hope to achieve through your leadership experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Below is a list of Committees used by CHC's Board. All board members are asked to serve on at least two committees. The frequency of how often each committee meets is indicated below. Please select the two committees you would be most interested in serving on:

- Nominating Committee *(Meets as needed)*
- Finance Committee *(Meets Monthly)*
- Marketing/Fundraising Committee *(Meets Monthly)*
- Quality/Risk Management/Compliance *(Meets Monthly)*



Please describe any current or previous leadership experiences with other organizations you have been involved with in your community and your role (i.e. board of directors, advisory committee, etc.)?

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Please explain the strengths that you possess that would be of benefit to CHC. Which of the following areas do you have expertise, special interest, or personal contacts:

- Fundraising
- Business Management
- Finance/Accounting
- Marketing/Public Relations
- Political/Government
- Legal
- Healthcare
- Other: \_\_\_\_\_

**Compassion Health Care, Inc. (CHC) is a federally qualified community health center (FQHC) and receives funding from the federal Section 330 Community Health Center program. CHC is closely monitored by the Bureau of Primary Health Care (BPHC), Human Resources and Services Administration (HRSA), and is expected to be in compliance with grant requirements at all times. One requirement is that the composition of the Board of Directors reflect, to the greatest extent possible, the patient population CHC serves. The questions below are optional but your cooperation in completing them is appreciated.**

- Race:
- American Indian/Alaskan Native
  - Asian
  - Native Hawaiian/Other Pacific
  - Black/African American
  - White/Caucasian
  - Refuse to Report
  - Other: \_\_\_\_\_

- Ethnicity:
- Hispanic/Latino
  - Non-Hispanic/Non-Latino
  - Refuse to Report

- Gender:
- Male
  - Female

Are you, or an immediate family member (Mother, Father, Spouse, Son, Daughter, etc.), an active patient that has been seen at CHC at least once within the last two years?  Yes  No

**CERTIFICATION:**  
 I understand that the information contained within this applicant and all supporting document (i.e., resume, recommendation letters, etc.) will be used by CHC Board of Directors to evaluate my eligibility and qualifications. If I am recommended to the membership for election, this written application may be given to the membership for review. I also certify, by my signature, that the information provided is true, accurate, and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return all completed applications to:**  
 William Crumpton, Chief Executive Officer  
 C/O Compassion Health Care, Inc.  
 PO Box 1448, Yanceyville, NC 27379  
 Fax: 336-694-4209 / Email: wcrumpton@compassionhealthcare.org