



***Mat-Su Health Services, Inc.***

*1363 West Spruce Avenue • Wasilla, AK 99654*

*Phone (907) 376-2411 • Fax (907) 352-3363*

BOARD OF DIRECTORS APPLICATION (Type or Print)

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Why do you want to serve on our governing Board?

Are you able to devote at least 6-8 hours per month to Board activities?

What programs would you like to see our Agency expand or develop?

What special talents do you feel you can contribute to the Board?

Do you have prior experience as a board member? If so, with what organization and when?

What other organizations do you belong to?

Do you know any of the present Board members or staff? If so, who?

If you are not chosen to serve this time on the governing Board, would you be interested in being a member of an Advisory Board?

Recommended by: \_\_\_\_\_

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