



TRUSTEE INVOLVEMENT APPLICATION

Name _____

Preferred Mailing Address _____

City/State/Zip _____

Daytime Phone _____ Cell Phone _____ Fax _____

Email _____ Alternate Email _____

Please list the hospital(s)/health system(s) and city/state at which you are a board member.

If hospital is part of a system, please list system _____

Current Governing Board Title and Type of Board (hospital, system, community advisory, foundation)

Term Expiration _____

Eligible/Expect to be Reappointed? _____

BACKGROUND

Gender Male Female

Ethnicity African-American Asian Caucasian Hispanic Other

Profession _____

Total # of years as a hospital trustee _____

List current and past board positions and years (past five years only)

TRUSTEE INVOLVEMENT APPLICATION

List other hospital activities (past five years only).

Have you previously served on any AHA committees or task forces? Yes No

If yes, list previous appointment(s) to an AHA committee or task force and the years

List your involvement with your state hospital association and years.

List your community involvement and/or involvement with other health care organizations beyond your hospital system and years.

Are you available to attend at least three meetings per year? Yes No

TRUSTEE INVOLVEMENT APPLICATION

ENDORSEMENTS

Print this page, obtain the required signatures, and submit via fax or email.

Candidate Signature _____ Date _____

Print Name _____

CEO Signature _____ Date _____

Print Name _____

Board Chair Signature _____ Date _____

Print Name _____

HOW TO SUBMIT

Please return your completed application along with a current bio or resume to Rita Harmata at rharmata@aha.org by **February 23, 2017**.

Incomplete applications will not be considered.