SAN BENITO HEALTH CARE DISTRICT
D.B.A. Hazel Hawkins Memorial Hospital
Application for Appointment to the Board of Directors

I. Identifying Information		
Date:		
Name:		
(First Name)	***(Middle Name)***	***(Last Name)***

II. Home Address	
Street:	
P.O. Box:	
City:	**State:** **Zip Code:**
Home Phone:	**Cell Phone:**
E-Mail Address:	
Are you a register voter in the San Benito Health Care District?	
Are you a resident of District Zone 5?	

III. Work Address	
Street:	
P.O. Box:	
City:	**State:** **Zip Code:**
Telephone:	**Fax:**
E-Mail Address:	

IV. Occupation
Employer (If Retired, Please List Previous Occupation):
How long have you been in your present occupation? **Years** **Months**

V. Educational Background
Describe your formal education and training. Include dates/institutions attended, degrees/diplomas awarded, honors and recognition received, etc.

SAN BENITO HEALTH CARE DISTRICT
D.B.A. Hazel Hawkins Memorial Hospital
Application for Appointment to the Board of Directors

VI. Employment History
Please briefly describe your employment history. Include dates/names/locations of organizations worked for, position(s) held, etc.

VII. Memberships/Activities
Please list your current and most recent memberships (within the past five years) on community/agency governing or advisory boards, steering committees, workgroups, and task forces. Also please describe your involvement in any civic, business, professional and educational organizations and/or associations. Include the dates of service and positions held.

VIII. References	
Please provide the names and contact information of three (3) individuals who could speak to your ability to serve as an objective Board Member.	
Name:	**Title/Position:**
Organization:	
Telephone:	
E-Mail Address:	

SAN BENITO HEALTH CARE DISTRICT
D.B.A. Hazel Hawkins Memorial Hospital
Application for Appointment to the Board of Directors

Name:	**Title/Position:**
Organization:	
Telephone:	
E-Mail Address:	
Name:	**Title/Position:**
Organization:	
Telephone:	
E-Mail Address:	

IX. Statement of Interest

Please describe why you would like to serve as a Member of the Board of Directors of the San Benito Health Care District.

SAN BENITO HEALTH CARE DISTRICT
D.B.A. Hazel Hawkins Memorial Hospital
Application for Appointment to the Board of Directors

X. Conflict of Interest Statement
Do you or any immediate family member have any business activity or organizational membership that could present a conflict of interest?. **YES** **NO** **If responding *YES* to the question above, please list all Boards and professional associations in which you or an immediate family member belong with an explanation in the space provided on the following page.** (*Note: Failure to fully disclose a potential Conflict of Interest may result in the disqualification of the Board Application and removal from the Board of Directors.)*

If appointed, you will be required to file a Statement of Economic Interests (Form 700) with the Fair Political Practices Commission within 30 days of assuming office, and annually thereafter.

SAN BENITO HEALTH CARE DISTRICT
D.B.A. Hazel Hawkins Memorial Hospital
Application for Appointment to the Board of Directors

XI. Affirmation of Accuracy and Completeness

I understand I have the responsibility for producing adequate information for proper evaluation of my qualifications to serve as a Member of the District Board of Directors, and for addressing any concerns about such qualifications. I understand that a condition of this application is that any misrepresentation or omission from this application, whether intentional or not, may be cause for automatic and immediate rejection of this application and it shall not be processed any further. I affirm that information provided in, or attached to, this application is correct, complete, and honest.

(Signature) *(Date)*

XII. Supplemental Documents

Please attach a current Curriculum Vitae or Professional Resume to this Application.