



**Kenosha Community Health Center
Board Application Form**

Welcome and thank you

for your interest in the Kenosha Community Health Center

KCHC is governed by a volunteer Board of Directors. At least 51% of our Board members must be patients of the health center. We look forward to reviewing your application. Thank you!

Brief History

- The Kenosha Community Health Center (KCHC) is a federally-qualified health care center that was established to address health care access issues in Kenosha County.
- KCHC is required to offer primary Medical, Dental and Behavioral Health services.
- KCHC also offers Case Management, Health Education School-Based Health Care, and Outreach/Enrollment Services.
- Our target population is the underserved population of Kenosha, who could have insurance and/or access challenges.
- We accept most types of insurance plans, and patients without insurance.
- While KCHC provides care for the underserved, we are not a free clinic. We have staff available to help people apply for insurance or, for those who qualify, to set up a payment arrangement plan according to a federally mandated “sliding fee scale” (a requirement of all federally-funded health centers).

BOARD COMMITMENT STATEMENTS

Before you complete an Application, we want you to know what would be expected of you as a Board member. Please read and initial each statement if you agree with the information in the statement:

	<p>I agree with the KCHC Mission Statement:</p> <p><i>KCHC is a nonprofit organization offering to the underserved citizens of Kenosha County comprehensive healthcare which enables our patients to maintain their well-being by addressing health disparities and providing access for all.</i></p>
	<p>I agree with the KCHC Vision Statement:</p> <p><i>KCHC will be seen by the community as a primary health advisor for our patients that adds to their quality of life through health education, prevention, and maintenance. The staff will see KCHC as a workplace of choice that allows for staff development, teamwork, and flexibility to optimize cost-effective performance with quality health services to ensure continued financial stability.</i></p>
	<p>I agree to actively participate in all Board meetings and to serve on at least one committee.</p>
	<p>I understand that Board attendance is a mandate in the KCHC Bylaws and that it is extremely important to stay connected and involved in all Board activities.</p>
	<p>I commit to serving approximately 4-10 hours per month.</p>
	<p>I am willing to be a KCHC advocate.</p>
	<p>I am a KCHC patient.</p>

**Thank you for taking the time to read
and initial the statements above.
Board Application Form**



Name:		
Address:		
City, State, Zip:		
Telephone:	Cell:	
Email:		
Occupation:		
Why would you like to serve on the KCHC Board?		
Please review and check all that apply:		
<p>Access and Relationships:</p> <input type="checkbox"/> Political Leaders <input type="checkbox"/> Philanthropic Leaders <input type="checkbox"/> Business Leaders <input type="checkbox"/> Large Corporations <input type="checkbox"/> Other _____	<p>Area of Expertise:</p> <input type="checkbox"/> Financial Management <input type="checkbox"/> Healthcare <input type="checkbox"/> Human Resources <input type="checkbox"/> Legal <input type="checkbox"/> Planning <input type="checkbox"/> Business <input type="checkbox"/> Faith-Based <input type="checkbox"/> Public Sector <input type="checkbox"/> Philanthropic <input type="checkbox"/> Marketing <input type="checkbox"/> Other _____	<p>Ethnic Background:</p> <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American <input type="checkbox"/> Other _____
<p>Age:</p> <input type="checkbox"/> 65 and older <input type="checkbox"/> 51-65 <input type="checkbox"/> 36-50 <input type="checkbox"/> 20-35	<p>Gender:</p> <input type="checkbox"/> Male <input type="checkbox"/> Female	
How did you hear about the KCHC Board?		
What do you feel you could contribute to the KCHC Board?		

Please list other current or past Board involvement:

Name of Organization:	Position Held:	Years:

Please list personal or professional references:

Name:	Contact Number:

Are you related to any of the current Board of Directors or staff of Kenosha Community Health Center Yes No

Are you a current user of KCHC’s services? Yes No

Please share a brief summary of your community and work experiences:

By submitting this application, I agree and acknowledge that if selected as a Board of Directors member for the Kenosha Community Health Center, I will be committed to accomplish the organization’s Mission, Vision, and Strategic Plan.

Signature: _____

Date: _____

Please return your application to:
Kenosha Community Health Center
Attention: BOD Member Application
625 57th Street, STE 700
Kenosha, WI 53140

Thank you!