



American Hospital  
Association

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## TRUSTEE CANDIDATE 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.

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If hospital is part of a system, please list system \_\_\_\_\_

Current Governing Board Title \_\_\_\_\_

\_\_\_\_\_

Term Expiration \_\_\_\_\_

Eligible for Reappointment? \_\_\_\_\_

### 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)

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**TRUSTEE CANDIDATE APPLICATION**

List other hospital activities (past five years only).

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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

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List your involvement with your state hospital association and years.

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

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**TRUSTEE CANDIDATE APPLICATION**

**Please answer the following questions.**

1. Why would you like to serve on the COG or RPB? (200 words or less)

2. What strengths do you think you can contribute to the COG or RPB, if selected? (200 words or less)

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

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## TRUSTEE CANDIDATE 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 Meg Leahy at [mleahy@aha.org](mailto:mleahy@aha.org) or fax 312-278-0570 by **February 25, 2014**.

Incomplete applications will not be considered.