



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.

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

Current Governing Board Title _____

Term Expiration _____

Eligible/Expected 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)

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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.

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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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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 or fax 312-278-0570 by **February 25, 2015**.

Incomplete applications will not be considered.