

New Candidate Questionnaire

New Callulate Questionnalie		
Name:		
Physical Address:		
Mailing Address:		
Telephone:		
Fax:		
e-mail:		
Occupation:		
1. Do you recognize any potential conflict of interest, i.e., business associates, personal or financial relationships with Central Peninsula General Hospital, etc.?	Yes	No
If yes, please explain.		
2. Are you willing to commit to at least three (3) years on the Board?	Yes	No
3. Do you feel that you could give a reasonable amount of time to Board business each month, i.e., regular Board meetings of 2+ hours on the first Friday of each month in the afternoon, plus possibly 2 hours in a committee meeting, in addition to workshops, retreats and special meetings as required?	Yes	No
4. Why do you want to be on the Board of Directors of the Central Peninsula Health Foundation?		

CENTRAL PENINSULA HEALTH FOUNDATION
5. What education, experience, abilities and personal qualities do you believe you would bring to the Board?
6. In your opinion, what are two or three of the most important issues concerning health care?
7. Do you have any further qualifications or comments that you would like us to consider? If yes, please explain.
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Please complete and return this questionnaire, along with a copy of your resume, to: Central Peninsula Health Foundation, 250 Hospital Place, Soldotna, AK 99669 Attn: Kathy Gensel, Foundation Director