

**Big Bend Regional Hospital District
Board of Directors Application for Vacancy**

Personal Information

SMD # _____
Term until _____

Name: _____
Permanent Address: _____
County of Residence: _____
Phone: _____ Cell _____
Birthdate: _____
Mailing Address: _____
Voter Registration Certificate #: _____

Date: _____
City/State/ Zip: _____
How Long: _____
E-Mail: _____
SSN: _____

Length of continuous Residence as of date of application:
In State Yr. ____ Mo. ____ In County Yr. ____ Mo. ____ In Single-Member District Yr. ____ Mo. ____

Employment

Employer/Business: _____
Occupation: _____
Address: _____
Phone: _____

Education

School/College/University: _____
Degree: _____

Relevant Information:

Are you familiar with Big Bend Regional Hospital District Mission? Yes / No
Have you ever served on the Board of Directors with any other company? Yes / No
If so, where? _____

List your relevant work activities and experiences:

List involvement in civic or voluntary organizations & dates:

Why do you want to serve on the Big Bend Regional Hospital District Board of Directors?

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Personal/Professional References

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Signature of Applicant

Date