



M O L O K A I  
COMMUNITY HEALTH CENTER



MOLOKAI OHANA

HEALTH CARE, INC.

BOARD OF DIRECTORS APPLICATION

MISSION

*"To provide and promote accessible comprehensive individual and community health care to the people of Molokai with respect and aloha."*

VISION

*All people have optimal physical, mental and spiritual health.*

VALUES

*All that we do will be rooted in ALOHA: A`o  
- Laulima - Olakino -  
Hanohano - `Āina*



MOLOKAI OHANA HEALTH CARE, INC.  
dba Molokai Community Health Center  
**Board /Volunteer Application**

Today's Date

How did you hear about the opportunity to serve on the Molokai Community Health Center Board?

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**Contact Information**

Name

Address

Preferred Phone

Mobile  Work  Home

Other Phone

Mobile  Work  Home

Other Phone

Mobile  Work  Home

E-mail Address

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Please share what you know about MCHC:

Please tell us why you would like to become involved with MCHC:

What specific skills, experience, or areas of expertise will you bring to MCHC? Please check all that apply to you.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Health Care                    | <input type="checkbox"/> Social Services     | <input type="checkbox"/> Managed Care        |
| <input type="checkbox"/> Community Affairs              | <input type="checkbox"/> Banking & Finance   | <input type="checkbox"/> Human Resources     |
| <input type="checkbox"/> Governance                     | <input type="checkbox"/> Local Government    | <input type="checkbox"/> Legal Affairs       |
| <input type="checkbox"/> Business                       | <input type="checkbox"/> Philanthropy        | <input type="checkbox"/> Education           |
| <input type="checkbox"/> Labor Relations (Trade Unions) | <input type="checkbox"/> Commercial Concerns | <input type="checkbox"/> Industrial Concerns |
| <input type="checkbox"/> Fundraising                    | <input type="checkbox"/> Event Planning      |  |
| <input type="checkbox"/> Other                          | <input type="text"/>                         |  |

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**Which Board/Volunteer Standing Committee would you be interested in serving on?**

- Finance                       Policy                       Quality Improvement/Risk Management
- Cultural Expansion     Fundraising/Events     Board Development
- Other
- 

**Have you served on a non-profit Board before?**                       Yes  No

**Do you currently serve on any other Molokai non-profit Boards?**  Yes  No    Number of Boards:

**Have you worked at MCHC within the past 1 year?**                       Yes  No

**If yes to any of the above, what was your position/role? Dates of employment? Please share a little about your Board experience and/or employment with MCHC.**

**In lieu of answering employment, community, and education experience, you may attach a resume or bio containing pertinent information about yourself that would be helpful to the Board of Directors.**

**Employment Experience:**

**Organization/Community Experience:**

**Education (high school, college, trade school, or other training):**

**Please provide 3 References:**

Name	Phone	Email



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The information below is helpful in determining whether or not your presence on the Board of Directors would satisfy the governance requirements of an FQHC. This information will not disqualify you for consideration as a Board Member.

Are you related to any of the current Board of Directors or Staff of Molokai Community Health Center?     No    Yes

Do you presently derive any income from the Healthcare industry?     Yes    No

Have you or a member of your household obtained care from MCHC within the past 24 months?     Yes    No

Are you a Veteran?     Yes    No

Gender     Male    Female    Other

Are you Hispanic or Latino?     Yes    No

Please indicate how you identify your ethnicity.     American Indian / Alaskan Native     Asian  
 Black / African American     White  
 Native Hawaiian     Other Pacific Islander  
 More than One Race     Other

Year of Birth:

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**Statement of Interest:**

I agree and understand that by providing this information, I am merely expressing an interest in potential Board membership and that this form is not binding on myself or Molokai Community Health Center (MCHC) in any way. I understand that, by submitting this form, I am agreeing to be interviewed and considered as an interested board candidate.

I understand that Board members serve voluntarily (non-paid). I understand that a Board term is 3 years and I believe that, at this time, I could make such a commitment. I understand the expectation that Board members will attend at least 75% of all monthly Board meetings (usually held on the fourth Thursday of every month

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beginning at 4:30pm, meetings are approximately two hours) in a fiscal year (July to June) and participate as a member of at least one Board Standing Committee.

I have read and will support the mission, vision, and values of Molokai Community Health Center:

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**Vision:** *All people have optimal physical, mental and spiritual health.*

**Values:** *All that we do will be rooted in ALOHA: A`o - Laulima - Olakino - Hanohano - `Āina*

Signature:

Date:

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Thank you for your interest in the Molokai Community Health Center. Should you have any questions, please call the Executive Support Specialist at 808-660-2630.

Submit completed application to the Board of Directors c/o Executive Support Specialist, Administration, Molokai Community Health Center, PO Box 2040, Kaunakakai, HI 96748.

**Received Date:**  
**Received By:**