



## TRUSTEE INVOLVEMENT APPLICATION

APPLICATION DUE FEBRUARY 22, 2018

### CONTACT INFORMATION

Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

Gender:  Male  Female

Ethnicity:  African-American  Asian  Caucasian  Hispanic  Native American  Other

### ORGANIZATION AND INVOLVEMENT INFORMATION

Type of Board:  Hospital  System Headquarters  Community Advisory  Foundation  ACO

Please list the hospital/health system and city/state at which you are a board member.

\_\_\_\_\_  
\_\_\_\_\_

Governing Board Role: \_\_\_\_\_

Years on Current Board: \_\_\_\_\_ Term Expiration: \_\_\_\_\_

Eligible/expect to be reappointed?  Yes  No

List previous hospital/system board positions and years.

\_\_\_\_\_  
\_\_\_\_\_

List involvement with your state hospital association and years.

\_\_\_\_\_  
\_\_\_\_\_

Have you previously served on any AHA committee or task forces?  Yes  No

For internal use only.

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### ENDORSEMENTS

Print this page, obtain the required signatures, and submit via 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 and bio or resume (no more than five pages) to Rita Harmata, [rharmata@aha.org](mailto:rharmata@aha.org) by **February 22, 2018**. The endorsements section may be emailed separately once signatures are obtained.