
TRUSTEE INVOLVEMENT APPLICATION

APPLICATION DUE FEBRUARY 22, 2019

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 by **February 22, 2019**. The endorsements section may be emailed separately once signatures are obtained.