



# Board Membership Application

**The Wyoming Health Council provides access to Family Planning for all women, men and teens who request our care, especially those with low incomes who may not have health insurance.**

The Wyoming Health Council is managed by its Board of Directors which are selected as follows, "Board Members shall be drawn from persons broadly representative of all significant elements of the population to be served and others in the community who are knowledgeable about community needs in the development, implementation and evaluation of the program." \*

Board members will have 1) a commitment to reproductive and other community services including but not limited to family planning; 2) a commitment to the public funding of family planning; 3) the ability to attend regular board meetings; 4) the legal ability to contract.

★ Please submit your completed form to Rob Johnston at [rjohnston@wyhc.org](mailto:rjohnston@wyhc.org)

NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell

Current Position/Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Preferred Phone: ☐ Home ☐ Cell ☐ Business

Preferred Mailing Address: ☐ Home ☐ Business

Preferred Email Address: ☐ Home ☐ Business

Race/ Ethnicity: \_\_\_\_\_

M/F/Other: \_\_\_\_\_



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## Tell Us About Yourself

Why are you interested in serving on the Wyoming Health Council Board of Directors?

What past and current volunteer and community activities have you engaged in?

Have you served on nonprofit boards or committees in the past? If yes, tell us about your experiences!



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**What skills and areas of expertise will you bring to the Wyoming Health Council Board of Directors?**

**Do you know any current Wyoming Health Council Board of Directors members?**

**Is there anything else you would like the Nominating Committee to know?**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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