

BOARD MEMBER PAULDING COUNTY HOSPITAL

APPLICATION FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

KNOWLEDGE/HISTORY OF APPLICANT:

Have you ever served as a board member? Yes _____ No _____

Do you have any medical knowledge? Yes _____ No _____

Do you have any management background? Yes _____ No _____

GENERAL INFORMATION:

Do you have any family or business affiliation with the Paulding County Hospital? If yes, please explain Yes _____ No _____

Any additional talents you could bring to the board? Yes _____ No _____

Why are you interested in serving on this board?

Do you have any initial ideas to assist the Paulding County Hospital?

Please use the attached sheet for any additional remarks you may have

BOARD MEMBER PAULDING COUNTY HOSPITAL
APPLICATION FORM—REMARK SHEET

DATE: _____

NAME: _____