



# SOLANO COUNTY

## Solano County Family Health Services Community Healthcare Board Application

Thank you for your interest in serving on Solano County Family Health Services' Community Healthcare Board of Directors. We are looking for dedicated and enthusiastic Board members to help carry out the mission of FHS. It is people like you that will help us grow and strengthen our organization as we serve our patients with the highest level of care.

The FHS Community Healthcare Board has a limited number of open positions at any given time, and often may need a skill set for an open position. In the event you are not selected for a Board position, we hope that you'll consider serving as a member on one of our committees.

Please review the Board information, and complete a Board application.

Thank you again and we look forward to hearing from you!

Sincerely,

The County of Solano Community Healthcare Board of Directors

### **Board of Directors**

This Board is the independent local co-applicant governing board of the Solano County Family Health Services Health Center Clinics, which is the principal policy-making body of the health center. Because of our FQHC status designation, the Board of Directors is expected to meet certain federal requirements. One such requirement is that the majority of the clinic's Board of Directors be consumers of the clinic system. This is met by immediate family or themselves being patients of FHS. This ensures that, collectively, the members of the Board adequately represent the demographics of the patients served.

### **Application Instructions**

The Board of Directors and management team are excited to hear from individuals interested in being considered for appointment to Solano County Family Health Services' Community Healthcare Board of Directors. If you have an interest in serving on the Community Healthcare Board, we ask that you complete the application form and return it to the Board of Directors, by email to: [pdzuniga@solanocounty.com](mailto:pdzuniga@solanocounty.com), by mail to Solano County Family Health Services, c/o Administration-MS 9-100, 2201 Courage Drive, Fairfield, CA 94533, or to one of our clinic locations below.

### **Solano County Family Health Services Health Center Clinic Locations**

**Fairfield Adult**

2201 Courage Drive  
Fairfield, CA 94533

**Fairfield Pediatrics**

2101 Courage Drive  
Fairfield, CA 94533

**Fairfield Dental**

2101 Courage Drive  
Fairfield, CA 94533

**Vallejo Family Health Services**

365 Tuolumne Street  
Vallejo, CA 94590

**Vacaville Family Health Services**

1119 East Monte Vista Ave  
Vacaville, CA 95688

**Mobile Family Health Services**

Various locations



**Solano County Family Health Services  
Community Healthcare Board  
Application**

**Today's Date**

**How did you hear  
about this opportunity?**

**Contact Information**

**Name**

**Address**

**Preferred Phone**

Type

**Other Phone**

Type

**Other Phone**

Type

**E-mail Address**

**Please share what you  
know about FHS?**

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

**What specific skills or  
experience do you bring  
to FHS? Please check  
all that apply to you.**

Banking

Business

Education

Event Planning

Finance

Fundraising

Governance

Health Care

Human Resources

Labor Relations

Legal Affairs

Managed Care

Philanthropy

Real Estate

Social Services

Other

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

Board Development  
Quality Performance

Operations  
Provider Advisory

Finance

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**Have you served on a Board before?**

Yes      No

**Have you worked at FHS within the past 2 years?**

Yes      No

**If yes, where? Please tell us a little about your Board experience and/or employment with FHS.**

**Please list any FHS Board Members and/or FHS employees that know you and may serve as a reference for you. If not applicable, please write none.**

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**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):**

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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 is optional and will not disqualify you for consideration as a Board Member.

<b>Do you presently derive any income from the healthcare industry?</b>	Yes	No	<b>Have you or a member of your household obtained care from FHS within the past 2 years?</b>	Yes	No
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<b>Are you or have you ever been homeless?</b>	Yes	No
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**Gender**

<b>Are you Hispanic or Latino?</b>	Yes	No
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<b>Please indicate how you identify yourself. (Select one or more)</b>	American Indian or Alaskan Native	Asian
	Black or African American	Native Hawaiian/Other Pacific Islander
	White	Hispanic or Latino

**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 Solano County 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 all monthly Board meetings (usually held on the third Wednesday of every month beginning at 12:00am, meetings are approx. two hours) in a calendar year and participate as a member of at least one standing Board Committee.

I further agree and understand that, if I am presently a patient of FHS, my potential Board membership publicly identifies me as a patient of FHS to members of FHS's current Board and other FHS staff who may review this form. Thus, any and all other health information regarding my medical care at FHS remains confidential and protected. I, therefore, accept this disclosure, and do not hold Solano County responsible for this limited disclosure.

Signature

Date:

Thank you for your interest in Solano County Family Health Services.  
Should you have any questions, please call 707-784-8775 or 707-784-8519.

Please print the completed application and submit to the Board of Directors,  
by email to: pdzuniga@solanocounty.com,  
by mail to: Solano County Family Health Services, c/o Administration-MS 9-100, 2201 Courage Drive, Fairfield,  
CA 94533, or drop off at one of our clinic sites.

One of our Board Governance Committee members will contact you soon.