

PREMIER Community HealthCare

Your Health. Our Mission.

Board of Directors' Interest Form

We appreciate your interest in joining the Board of Directors at Premier Community HealthCare Group, Inc. Since 1979, Premier has offered quality healthcare to Pasco & Hernando counties as a Federally Qualified Health Center. Please fill out this form so we can get to know you better.

CONTACT INFORMATION

Name: Email:

Address:

City: State: ZIP: Phone:

BACKGROUND & EXPERIENCE

Occupation/Title: Employer:

What skills, expertise, or professional experience would you bring to our Board?

Why are you interested in serving on Premier's Board of Directors?

List any current or previous board service or community volunteer experience:

COMMITMENT & AVAILABILITY

Board members attend monthly meetings and may serve on a committee or be involved in community events. Communications are primarily via email.

Do you have any existing connection to Premier (e.g., patient, family member of a patient, community partner)?

ACKNOWLEDGMENT

I certify that the information provided is accurate. I understand that submitting this form expresses my interest and does not guarantee Board membership.

Signature

Date

Please attach a current resume or CV if available.

Submit to: NJohnston@HCNetwork.org (Board Liaison) | www.PremierHC.org