



Stanislaus Health Foundation

Application for Membership

The mission of the Stanislaus Health Foundation is to provide funding and support to the Health Services Agency and its Valley Consortium for Medical Education Residency Program through healthcare scholarships, preventative programs, and equipment for quality patient care.

The Foundation is a non-profit, 501 (C) (3) organization with a volunteer board of directors.

Members of the Stanislaus Health Foundation Board of Directors are expected to:

- attend monthly board meetings;
- work on at least one special event committee ;
- secure or donate ten auction items each valued at \$50 or more annual for events;
- sell tickets to each event.

Members serve a four-year term and are responsible for general oversight of the Foundation and the creation and implementation of strategies and programs that further the work of the Foundation. As the Foundation has only one paid staff position, this is a "working board" relying on the efforts of its members.

The board consists of a broad range of dedicated community leaders and professional people. The team effort of this group since 1982 has raised in excess of \$1-million which has been used to directly benefit the Stanislaus County Health Services Agency.

Board meetings are held at 1700 McHenry Avenue (McHenry Village) Health Education Center – Davinci Room, 5:30 PM on the second Wednesday of the month (meeting dates that fall on a holiday will be changed). Members are expected to attend each meeting or telephone in advance if unable to attend. Three unexcused absences may result in dismissal from the Board of Directors.

The Foundation sponsors three annual fundraising events. These events are the main source of revenue for the Foundation:

1. *The H.S.A Golf Classic and Auction (April)*
2. *The Costume Ball Charity Gala (October)*
3. *Healthy Eating and Living (June)*

BOARD OF DIRECTORS

STANISLAUS HEALTH FOUNDATION

CANDIDATE PROFILE

Name: _____

Occupation: _____

Office Address: _____

Home Address: _____

Office Phone: _____ Fax: _____ Home: _____

Cell Phone: _____ E-mail Address: _____

Birth Date (No need to include Year): _____ Spouse's Name: _____

Interests and Hobbies:

Organizations to which you currently belong:

Previous Board Experience

Organization: _____

Scope: _____

Tenure: _____

Committees: _____

Organization: _____

Scope: _____

Tenure: _____

Committees: _____

Areas of Expertise or Interest:

I have read and understand the Responsibilities of Membership of the Stanislaus Health Foundation.

Signature: _____ Date: _____

Please send Correspondence to: My home My office

Sponsoring Board Member: _____ Date: _____