



P O Box 493  
Gold Beach, OR 97444  
541-247-7084  
FAX: 1-888-611-8233

**Board of Directors Candidate Application**  
**Board Committee Application**

Please return this application to : Rosie Hoxeng  
P O Box 493  
Gold Beach, OR 97444  
541- 512-5041  
or e-mail: rosie.hoxeng@coastalhhh.org

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
First MI Last Familiar name

**Residence**

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Employer**

Name \_\_\_\_\_

Your title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of business or organization \_\_\_\_\_

Primary service(s) and area/population served \_\_\_\_\_

**Preferred** method of contact ( ) Work ( ) Residence

**How** were you referred to/hear about our board?

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**Please list** boards and committees that you serve on, or have served on (business, professional, civic, community, fraternal, recreational, etc.).

Organization	Role/Title	Dates of Service

**Education/Training/Certificates**

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**Optional** – Have you received any awards or honors that you would like to mention?

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**Why** are you interested in our agency?

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**How do you feel** Coastal Home Health & Hospice would benefit from your involvement on our Board?

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**Skills, experience and interests** (Please circle all that apply)

Finance, accounting

Personnel, human resources

Administration, management

Nonprofit experience

Community service

Policy development

Program evaluation

Public relations, communications

Education, instruction

Special events

Grant writing

Outreach, advocacy

Fundraising

Other area(s) of expertise/contribution you feel you can make

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**Please list** any groups, organizations or businesses that you could serve as a liaison to on behalf of Coastal Home Health & Hospice

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**Please tell us** anything else you'd like to share.

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If additional space is needed for any response, please attach a separate sheet.

**Signature:** \_\_\_\_\_

**Please complete and return the attached Disclosure and Release Form along with your application** (this authorizes us to request the standard background check required for board/committee service)

**Thank you very much for applying**

# Disclosure and Release Form

Coastal Home Health and Hospice, a provider of Medicare services, is required by law to conduct criminal background and employment eligibility checks on all employees, and volunteers who have contact with patients, or their medical records. Federal laws provide certain protections for employees, potential employees, and volunteers regarding background checks. These laws are within the guidelines of the Fair Credit Reporting Act. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Accutrace, Inc. P.O. Box 624, Bryn Mawr, PA 19010 or by contacting us at 1-888-54 -TRACE or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Accu-trace, Inc. or another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

**< Please Print Clearly >**

**Applicant's Name:** \_\_\_\_\_  
   First  M.I.  Last

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_mm/\_\_\_\_dd/\_\_\_\_yyyy

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Date of Birth (mm/dd/yyyy)													Social Security No										

Driver's License No.													state											

PROFESSIONAL LICENSE/CERTIFICATE NUMBER													STATE											PROFESSION										

Current Address _____	city	state	zip
No. of Years at Current Address _____			
Previous Addresses within the Past 7 Years (Use back if additional space is needed)			

Address _____	city	state	zip
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Address _____	city	state	zip
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