



**Kenosha Community Health Center
Board Application Form**

Welcome and thank you

for your interest in the Kenosha Community Health Center

Brief History

- The Kenosha Community Health Center (KCHC) is a federally-qualified health care center that was established to address health care access issues in Kenosha County.
- KCHC is required to offer primary Medical, Dental and Behavioral Health services.
- KCHC also offers Case Management, Health Education School-Based Health Care, and Outreach/Enrollment Services.
- Our target population is the underserved population of Kenosha, who could have insurance and/or access challenges.
- We accept most types of insurance plans, and patients without insurance.
- While KCHC provides care for the underserved, we are not a free clinic. We have staff available to help people apply for insurance or, for those who qualify, to set up a payment arrangement plan according to a federally mandated “sliding fee scale” (a requirement of all federally-funded health centers).

KCHC is governed by a volunteer Board of Directors. At least 51% of our Board members must be patients of the health center. We look forward to reviewing your application. Thank you!

BOARD COMMITMENT STATEMENTS

Before you complete an Application, we want you to know what would be expected of you as a Board member. Please read and initial each statement if you agree with the information in the statement:

	I agree to be committed to the organization’s mission, vision, and values.
	I agree that all people should have optimum physical, mental, and spiritual health.
	<p>I agree with the KCHC Mission Statement:</p> <p><i>KCHC is a nonprofit organization offering to the underserved citizens of Kenosha County comprehensive healthcare which enables our patients to maintain their well-being by addressing health disparities and providing access for all.</i></p>
	<p>I agree with the KCHC Vision Statement:</p> <p><i>KCHC will be seen by the community as a primary health advisor for our patients that adds to their quality of life through health education, prevention, and maintenance. The staff will see KCHC as a workplace of choice that allows for staff development, teamwork, and flexibility to optimize cost-effective performance with quality health services to ensure continued financial stability.</i></p>
	I agree to actively participate in all Board meetings and to serve on at least one committee.
	I understand that Board attendance is a mandate in the KCHC Bylaws and that it is extremely important to stay connected and involved in all Board activities.
	I commit to serving approximately 4-10 hours per month.
	I am willing to be a KCHC advocate.
	I am a service user or would refer others to use KCHC healthcare services.

Thank you for taking the time to read and initial the statements above.

Please list other current or past Board involvement:

Name of Organization:	Position Held:	Years:

Please list personal or professional references:

Name:	Contact Number:

Are you related to any of the current Board of Directors or staff of Kenosha Community Health Center Yes No

Are you a current user of KCHC’s services? Yes No

Please share a brief summary of your community and work experiences:

By submitting this application, I agree and acknowledge that if selected as a Board of Directors member for the Kenosha Community Health Center, I will be committed to accomplish the organization’s Mission, Vision, and Strategic Plan.

Signature: _____

Date: _____

Please return your application to:
 Kenosha Community Health Center
 Attention: BOD Member Application
 625 57th Street, STE 700
 Kenosha, WI 53401

Thank you!