



## Lake of the Woods District Hospital Application to Become a Board Member

Name:		
Address:	Business:	
	Home:	
Telephone Numbers:	Business:	Home:
Facsimile Numbers:	Business:	Home:
Email Address(es)		
Please list current or prior board experience:		
Which areas of board work are of particular interest to you?		
What skills/areas of expertise can you bring to the board?		
Please describe any linkages you may have had with various health care groups within the community:		
Please list any language skills you may have:		
Conflict of Interest: Directors must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please identify any relationship with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.		
Please attach an up-to-date resume.		
<div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <hr style="width: 200px; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>             Date         </div> <div style="text-align: center;"> <hr style="width: 200px; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>             Signature         </div> </div>		