

**FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY  
COMMISSION AT-LARGE APPOINTEE  
APPLICATION FORM**

Three Commission appointed positions have been designed as follows: one resident from Fresno County, one resident from Kings County and one resident from Madera County. Qualified applicants shall represent the general public, beneficiaries, physicians; hospitals, clinics and other non-physician health care provider. Individuals considering Commission at-large positions should have a commitment to a health care system which seeks to improve access to quality health care for all persons, regardless of their economic circumstances, delivers high quality care and is financially viable.

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Name of Applicant: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

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List past or present affiliations with private and/or public health plans.

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What experience or special knowledge can you bring to the Regional Health Authority?

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List community organizations to which you belong:

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Convictions and penalties- Have you ever been convicted of a felony? If yes, give date(s), Location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

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List any affiliation you or your spouse has with public service agencies:

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Provide a minimum of three references and their contact information that the commission Nominating Committee may contact:

1. Name \_\_\_\_\_  
 Affiliation \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_
2. Name \_\_\_\_\_  
 Affiliation \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_
3. Name \_\_\_\_\_  
 Affiliation \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_

**Please Note: Commission appointees are required to submit California Form 700 for filing with the Fair Political Practices Commission.**

**I HAVE READ THE "FRESNO-KINGS-MADERA REGIONAL HEALTH AUTHORITY COMMISSION POLICY" REGARDING CONFLICT OF INTEREST FOR COMMISSION APPOINTEES AND AGREE TO ABIDE BY THE POLICIES AND PRODEDURES AT ALL TIMES WHILE AN APPOINTED MEMBER. AT PRESENT, TO THE BEST OF MY KNOWLEDGE, NO CONFLICT OF INTEREST EXISTS IN MY SERVING ON THIS COMMITTEE.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

COMPLETE FORM AND RETURN TO:

**Clerk to the Commission  
Fresno-Kings-Madera Regional Health Authority  
1315 Van Ness Avenue; Ste 103  
Fresno, CA 93721**

**Applications will be kept on file for a year.**