



Portsmouth Community Health Center, Inc. (PCHC)  
 d/b/a Hampton Roads Community Health Center  
 664 Lincoln Street • Portsmouth, VA 23704  
 ATTENTION: Barbara Willis, CEO  
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 Web: [www.hrchc.org](http://www.hrchc.org)

**BOARD OF DIRECTORS' NOMINATION APPLICATION**

PRINT NAME: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 City State

HOME ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

WORK TELEPHONE #: \_\_\_\_\_

Are you, or a family member, a patient at PCHC?  YES  NO – If yes, please check the facility below.  
 Headquarters (664 Lincoln Street – Portsmouth)  Park Place (3415 Granby Street – Norfolk)  
 O.V. Medical & Dental (9581 Shore Dr. – Norfolk)  CommuniCare (804 Whitaker Lane – Norfolk)

List Community Involvement: *(include dates and positions held)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Briefly state what personal contribution(s) you believe you can make to the Portsmouth Community Health Center, Inc. Board of Directors:

\_\_\_\_\_  
 \_\_\_\_\_

What special talents and/or skills do you have that could be beneficial to the Portsmouth Community Health Center, Inc. Board of Directors?

\_\_\_\_\_  
 \_\_\_\_\_

The PCHC Board meets the 3<sup>rd</sup> Wednesday of every month at 4:00pm. If elected as a Board member, will you be able to attend these meetings?  Yes, I can attend.  No, I cannot attend.

Attestation of Nominee:

I do hereby agree to have my name placed into nomination for election to the Board of Directors of Portsmouth Community Health Center, Inc. I further certify that I understand the duties and responsibilities of said position and am willing and able to perform same, including attendance at all Board meetings.

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_