



Portsmouth Community Health Center, Inc. (PCHC)
 d/b/a Hampton Roads Community Health Center
 1541 High Street Street • Portsmouth, VA 23704
 ATTENTION: Michel Bile, Interim CEO
 Phone: (757) 681-2694 • E-mail: mbile@hrchc.org
 Web: 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 (1541 High Street – Portsmouth) Park Place (155 Kingsley Lane, Suite 320 - 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 PCHC Board of Directors:

What special talents and/or skills do you have that could beneficial to the PCHC Board of Directors?

The PCHC Board meets the 3rd 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: _____