



7450 Albert Road, Office #307
 Brandywine, MD 20613
 301-888-2233 Ext. 3309
 www.gbms.org

**Board of Directors
 Candidate Application**

Thank you for your interest in joining Greater Baden Medical Services' Board of Directors. Please submit your completed application via fax to 301-599-0463.

SECTION I

NAME _____
FIRST MI LAST

D.O.B _____

RESIDENCE

ADDRESS _____

PHONE _____ CELL _____ EMAIL _____

EMPLOYER

NAME _____

JOB TITLE _____

PHONE _____ EMAIL _____

Preferred method of contact: Work Residence

Provide the name and contact number of at least two individuals who can provide character references.

Name	Contact	Nature of Association	# of years known



SECTION II

1. Please list boards and/or committees you serve on, or have served on within the past 5 years.

	Organization Role/ Title	Beginning/Ending Term	For profit/ Not For profit
1			

2. How did you learn about Greater Baden Medical Services, Inc?

3. Do you or an immediate family member work in agriculture such as work with planting harvesting packing of food or work with any plant in its natural state on a seasonal basis?

yes No

4. Do you or a family member receive health services at a Greater Baden Medical Service Facility?

yes No

5. Skills, Experience, and interest (please check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Finance/Accounting
<input type="checkbox"/> Legal
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Informational Technology
<input type="checkbox"/> list other: _____ | <input type="checkbox"/> Marketing
<input type="checkbox"/> Personnel/Human Resources
<input type="checkbox"/> Real Estate |
|--|--|

6. Are you available to meet on the 4th Thursday of each month (typically 11 am – 1pm)?

7. If you are not selected to serve on the board, would you be interested in serving on a Regional Advisory Committee? The board relies on input from Regional Advisory Committees to identify opportunities to preserve and advance the GBMS mission in Prince George’s, Charles, and St. Mary’s counties.

yes No



SECTION III

Please provide a brief statement (250 words or less) that describes why you are interested in joining Greater Baden Medical Service’s Board of Directors. Use additional paper if necessary.

I attest to the best of my knowledge that the information provided in this application is accurate.

Print: _____

Signature: _____

Date: _____