



**GIRDWOOD HEALTH CLINIC, INC.**  
**Prospective Board Member**  
**Information Packet**

*The mission of the Girdwood Health Clinic, Inc. is to provide expanded and quality health care to the residents and visitors of the Turnagain Arm area, without regard to ability to pay, through the operation of a sustainable, non-profit community health center.*

131 Lindblad Ave.  
PO Box 1130  
Girdwood, AK 99587  
[www.girdwoodhealthclinic.org](http://www.girdwoodhealthclinic.org)  
Phone: 907-783-1355  
Fax: 907-783-1357

Dear Prospective Board Member,

Thank you for your interest in joining the Girdwood Health Clinic, Inc.'s (GHCI) Board of Directors. GHCI is an important community resource which could benefit from your involvement. We value diversity of perspectives and respectful discussion among our Directors as we expand our horizons and continue to develop the operations of the health center to better serve our community.

If you are interested in serving on the GHCI Board, please complete the enclosed application. You can mail or deliver it to GHCI or drop it off with any Board Member. The Board meets on the third Thursday of each month at Girdwood Community Center. Check the website for specific meeting times.

The Board will consider your application following its structured member selection process. Until your membership is confirmed we encourage you to consider attending and possibly participating in any regularly scheduled Board meetings or on one of our standing committees to gain GHCI experience.

We welcome any questions and look forward to hearing from you soon. Thank you again for your interest in serving on the Girdwood federally qualified Community Health Center's Board of Directors.

Sincerely,

Kathy Trautner  
President, Board of Directors

## Current GHCI Board of Directors and Leadership

<b>Name</b>	<b>Title</b>	<b>Term Start</b>
Kathy Trautner	President	12/2011
Kalie Harrison	Vice-President	07/2016
Camilla Seifert	Secretary	02/2016
Lou Theiss	Director	09/2014
Cleary Donovan	Director	07/2014
Jerry Reichlin	Director	10/2016
Lesley De Jaray	Director	10/2017
Valerie Foister	Treasurer	11/2017
Kim Adams	Director	11/2017
Anna Moran	Director	09/2018
Vacant		
Tawny Buck	Executive Director	12/2015
Jill Veatch	Director of Operations	12/2015

## **Member of the Board of Directors Job Description and Expectations**

**Purpose:** To advise, govern, oversee policy and strategic direction, and to assist with the leadership and general promotion of Girdwood Health Clinic Inc., to support the organization's needs and mission.

**Responsibilities:**

- Provide organizational leadership and advisement.
- Promote the organization through collaborative and cooperative relationships between GHCI, Turnagain Arm Health Center (TAHC) and the communities around the Turnagain Arm.
- Select, direct, evaluate and if required, dismiss the Executive Director.
- Oversee strategic and program planning and evaluate organizational performance. Review organizational and programmatic reports.
- Review, approve, and monitor the annual health center budget, establish annual priorities, and monitor financial performance.
- Approve the scope, availability, locations and hours of services.

**Length of Term:**

As specified in the bylaws, Directors serve a 3-year term, unless filling a board vacancy. Directors may continue to serve in consecutive terms so long as their participation in Board activities remains consistent with the mission.

**Meetings and Time Commitment:**

The Board of Directors meets monthly. Meetings generally run no more than 1-1.5 hours. Participation on at least one committee is required. Standing committees conduct most of the work of the Board and generally meet once per month, with meetings lasting approximately two hours.

**Expectations of Board Members:**

- Attend and participate in meetings on a regular basis and as defined in the Bylaws. Participate on at least one committee per term.
- Be alert to community needs and concerns that can be addressed by setting GHCI goals and objectives, developing services and programs, and continuously improving operational performance.
- Help communicate and promote GHCI's mission and programs to the community.
- Become familiar with GHCI's finances, budget, and financial/resource needs. Understand the policies and procedures of Girdwood Health Clinic Inc.

***I understand the responsibilities of my position and commit to upholding the mission of the Girdwood Health Clinic, Inc.***

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## **What is the Girdwood Health Clinic Inc.?**

The Girdwood Health Clinic became a Federally-Qualified Health Center (FQHC) in August 2015. GHCI focuses on meeting the primary health and medical care needs of the Turnagain Arm communities. GHCI was designated by the IRS as a private non-profit legal entity in 2011.

It is required that a Community Health Center (CHC) be owned by a private non-profit organization, a tribal entity, or a unit of government. The organization **MUST** have a board of directors made up of people from the area, with at least 51% of board members who are patients or parents of patients at the clinic. CHCs must offer discounts to patients at the Federal Poverty Level using a sliding fee scale based on income and family size.

Providing greater access to health care services becomes possible by employing credentialed health care providers and offering extended clinic hours when possible. CHCs are required to provide directly or through referral arrangements a range of healthcare services, including, primary medical care for children and adults of all ages, regardless of ability to pay.

GHCI is financially supported by an annual federal 330 grant, donations and patient revenue. Patient revenue includes claims billed to all third-party payers such as Medicare, Medicaid, Workers Compensation, Blue Cross Blue Shield, and other commercial health plans.

The federal community health center program has been in existence for over 45 years, with over 1,400 CHCs established nationwide. CHC funding has proven to be very stable over the years due to its history of bipartisan support from both major political parties. Go to [www.bphc.hrsa.gov/about](http://www.bphc.hrsa.gov/about) for more information.

## **HEALTH CENTER BOARDS—FEDERAL REQUIREMENTS**

The board must have at least nine members but no more than 25. At least 51% of the board's members must be patients who have received at least one in-scope service at the health center within the last 24 months. Half of the remaining members of the board (49 percent or less) cannot earn more than 10 percent of their income from the health care industry.

The remaining members of the board (49 percent or less) must represent the area served by the center and have expertise in community affairs; local government; finance and banking; legal affairs; trade unions and other commercial and industrial concerns and social services. Non-patient board members must live or work in the Clinic's service area. Our service area spans from Indian to Hope, but does NOT include Whittier.

Board members must reasonably represent the individuals served by the health center in terms of demographic factors, such as:

- Ethnicity
- Race
- Sex

Employees of the center and their spouses, children, parents, or brothers or sisters (blood or marriage) cannot be members of the board.

## GIRDWOOD HEALTH CLINIC APPLICATION/NOMINATION FOR BOARD OF DIRECTORS

Please print or type

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Area of Expertise:

<input type="checkbox"/>	Community affairs	<input type="checkbox"/>	Local Government
<input type="checkbox"/>	Finance and banking	<input type="checkbox"/>	Legal affairs
<input type="checkbox"/>	Trade unions/other commercial and industrial concerns	<input type="checkbox"/>	Social services

Level of Education:

<input type="checkbox"/>	Some high school	<input type="checkbox"/>	High school diploma or GED
<input type="checkbox"/>	Some college	<input type="checkbox"/>	College degree—undergraduate
<input type="checkbox"/>	Some graduate school	<input type="checkbox"/>	Graduate degree
<input type="checkbox"/>	PhD or Doctorate	<input type="checkbox"/>	Other:

Ethnic Background—check all that apply:

<input type="checkbox"/>	African American	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Hawaiian/Pacific Islander
<input type="checkbox"/>	Latino/Hispanic	<input type="checkbox"/>	Native American/Alaska Native
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

In which geographic area do you live:

<input type="checkbox"/>	Girdwood	<input type="checkbox"/>	Hope
<input type="checkbox"/>	Anchorage	<input type="checkbox"/>	Other:

1. Do you earn more than 10% of your income from the health care industry?

\_\_\_\_\_yes                      \_\_\_\_\_no

2. Have you or any of your immediate family been seen by a provider at the Girdwood Clinic in the last two years?

\_\_\_\_\_yes                      \_\_\_\_\_no

3. Why do you want to serve on the Board of the Girdwood Health Clinic, Inc. (GHCI)?

4. Do you live or work within our service area which spans from Indian to Hope but does NOT include Whittier? \_\_\_\_\_ Yes                      \_\_\_\_\_ No      If Yes, who is your employer?

5. Are you able to devote at least 2-12 hours per month to Board activities, including committee meetings? (It may be more, depending on special projects)? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

6. Are you available to meet on the 3<sup>rd</sup> Thursday of each month for approx. 1-1.5 hours? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

7. What special talents do you feel you can contribute to the Board?

8. Do you have prior experience as a non-profit board member? If so, with what organization(s) do you have experience and when did you serve? Please note if you had a leadership role (e.g., President, Committee Chair).

9. To what other organizations, if any, do you belong?



10. If you are not chosen to serve on the Board at this time, would you be interested in participating as a member of one of our committees? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. Have you or any of your immediate family members been employed by GHCI before?  
\_\_\_\_\_Yes \_\_\_\_\_No

If yes, please list name and title of family member and dates of employment:

\_\_\_\_\_

12. Have you ever applied for employment at the Girdwood Health Clinic? If so, state when and for what position:

\_\_\_\_\_

13. Do you have any pending legal action against the Clinic? \_\_\_\_\_Yes \_\_\_\_\_No  
If you answered Yes, please explain:

14. Are you in good financial standing with the Clinic? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you answered No, please explain:

**Thank you for your interest in serving on the Girdwood Health Clinic, Inc.**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

***Please attach another page if needed; return this completed application to GHCI or any Board Member.***