



Health Center

501 S. Idaho St., Ste. 100, La Habra, CA 90631
Phone 562-690-0400 • Fax 562-690-3182

Friends of Family Health Center is a Non-profit Community Clinic designated as a Federally Qualified Health Center (FQHC). Our mission is: To Provide Access to Cost Effective Quality Medical and Dental Services to all Residents of Southern California Communities, Especially the Vulnerable Populations.

Currently we are seeking for interested candidates to be members of our Board of Directors. This is a voluntary/non-paid position requiring 2-3 hours of your time per month for a limited term of 3 years. The following three-year term seats are available:

- **Consumer Members**
Consumer Members are regular patients or have a close family member who has been a regular patient of the clinic within the past two years.

- **Provider Members**
Provider Members are all members who live or work in the community, and derive more than ten percent (10%) of their annual income from the health care industry.

We encourage all individuals in support of Friends of Family's mission with interest in serving the community to apply.

Please mail/email the attached application, **along with your biography or resume to:**

Friends of Family Health Center
Attn: Bahram Bahremand, CEO
501 S. Idaho Street, #260
La Habra, CA 90631-6047

Email: bbahreamnd@fofhealthcenter.org

If you have any questions, please call Bahram Bahremand at (562) 690-0400 ext. 1700.

Friends of Family Health Center
APPLICATION FOR BOARD MEMBER

Name: _____

Address: _____

City, State, ZIP: _____

Contact phone Number: _____

Email: _____

Position Apply: Consumer Member____ Provider Member____ Community Member____

Live or Work in Community (check both if apply): Work_____ Live _____

Language(s) Spoken (other than English): _____

Ethnicity: (please select one below)

- Hispanic or Latino _____
- Non-Hispanic or Latino _____
- Unreported/Refused to Report _____

Race: (please select one below)

- White _____
- Black/African American: _____
- Asian: _____
- Native Hawaiian _____
- Other Pacific Islander _____
- American Indian/Alaskan Native: _____
- More than One Race _____
- Unreported/Refused to Report _____

1. Please explain why you wish to serve as a Friends of Family Health Center's Board of Director and describe the reason you would be qualified for this job.

2. List any similar experience with trade associations, non-profit, or community organizations:

Organization

Dates

Position Held

3. If selected, are you able to commit to a monthly Regular Board meeting for approximately 1 – 2 hours?

Yes

No