

Doctors' Memorial Hospital is now accepting applications for its Board of Directors. There are two (2) anticipated vacancies on the Board.

Applicants must be 18 years old or older and should:

- Be a resident of Taylor County
- Be willing to spend up to 8 hours per month for meetings and workshops
- Be willing to attend all Board meetings
- Be willing to attend one weekend strategic planning session per year

Applications may be obtained at the County Administrative Complex, 201 E. Green Street, Perry, FL. Completed applications must be returned to the County Administrator's office, 201 E. Green Street, Perry, FL, by 5 p.m. April 27, 2018. No applications will be accepted after that time. The Board of County Commissioners will make its selection at the regular Board meeting on May 7th, at 6 p.m.

Doctors' Memorial Hospital
333 North Byron Butler Parkway
Perry, Fl 32347
850-584-0800

Application for Board of Directors

- | | | |
|--|-----|----|
| 1. Are you 18 years old or older? | Yes | No |
| 2. Are you a resident of Taylor County | Yes | No |
| 3. Are you willing to spend up to eight hour per month for meetings and workshops? | Yes | No |
| 4. Are you willing to attend all Board Meetings (emergencies excluded)? | Yes | No |
| 5. Are you willing to attend one weekend retreat per year? | Yes | No |

Applicant Signature

Print Name

Please return to Administration or the Taylor County Administrative Complex by 5:00 p.m. April 27, 2018. No applications will be accepted after that time.

Request for Consideration Questionnaire for Doctors' Memorial Hospital Board of Directors

Name: _____

Address: _____

Phone; Home: _____ Work: _____ Fax: _____

Email: _____

Please answer the following questions: (Use additional pages if necessary.)

Education:

High School Graduate: Name: _____

Address: _____

Post-Secondary Education:

Name: _____

Address: _____

Technical Training:

Name: _____

Address: _____

Certificates of License Please List:

College Courses or Graduate:

Name: _____

Address: _____

Answer Yes or No. If yes please explain. (Use additional pages if necessary)

1. Are you a resident of Taylor County? Yes No

2. Are you currently, or have you been in the last five years, an agent, employer, director or have other affiliation with any medical care provider or other medical care entity?

Yes No

3. Do you or any family member have any affiliation with any business or company that has a vendor relationship with DMH, Inc. or any other contractual relationship with DMH, Inc?

Yes No

If Yes explain: _____

4. Have you or any family members worked at DMH in the last five years?

Yes No

5. Please list Board/Business/Volunteer/Work Experience:

13. In your opinion, what is the single most important issue facing rural healthcare in Florida?

“On Behalf of the Taylor County Board of County Commissioners, we thank you for taking the time to complete this Request for Consideration Questionnaire and for offering to volunteer your time which would serve as an investment into the future of healthcare in our community.”