



APPLICATION FOR MONTROSE MEMORIAL HOSPITAL BOARD OF TRUSTEES

Thank you for your interest in applying for a Montrose Memorial Hospital Board of Trustees. Please be as thorough as possible when completing this application. After screening all submitted applications, interviews will be conducted by the Board of County Commissioners. Please submit your completed application by U. S. Mail to Susan Byrne, 317 S 2nd Street, Montrose, CO 81401, or by email to sbyrne@montrosecounty.net, or fax (970)249-7761.

DATE: _____

PART 1: PERSONAL INFORMATION

Full Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Contact By: Phone _____ Email _____ Text Message _____

How long have you lived in Montrose?

_____ PI

ease tell us a little bit about yourself:

Describe any volunteer or community activities in which you are currently involved:

Will you be able to attend 1 Board meeting each month, and attend additional committee meetings each month: Yes_____ No_____

PART 2: EMPLOYMENT HISTORY

Name of your present employer or if retired your last employer:

Address and contact information for present employer:

Job Title:

May we contact you at work? Yes___ No___

PART 3. EDUCATION:

HIGH SCHOOL/COLLEGE	ADDRESS	YEARS ATTENDED	DEGREE & YEAR

List the following information for three personal or professional references:

NAME	RELATIONSHIP	YEARS KNOWN / PHONE #

PART 4. DETAIL

MONTROSE MEMORIAL HOSPITAL BOARD OF TRUSTEES

1. Do you have an association either now or in the past with Montrose Memorial Hospital?
Please explain in detail:

2. What is your understanding of the scope of responsibility of the Hospital Board of Trustees?

3. What are the major issues facing the hospital today?

4. How much experience do you have serving on Boards, and Board members?

5. What information do you need to better understand the role of the Board of Trustees?
