



**EL PASO CHILDREN'S HOSPITAL - BOARD APPLICATION**

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

Home Address and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_(cell) Length of Residency in El Paso City/County: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Professional Background: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous volunteer experience and community services: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I can contribute the following talents or experience to the Board of Trustees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have expertise in: \_\_\_\_\_ Finance/Accounting \_\_\_\_\_ Medical \_\_\_\_\_ Academia/Education

\_\_\_\_\_ Business/Professional (Owner, CEO, VP Level, For Profit, Non-Profit) \_\_\_\_\_ Legal

\_\_\_\_\_ Governance/Human Resources/Ethics/Compliance

By my signature below, I certify that I have read the attached Criteria for Selection to the El Paso Children's Hospital Board and the Conflict of Interest requirements and that to the best of my knowledge, I am fully qualified to serve on the Board and do not have any conflicting interests that would prohibit me from serving on the Board of the El Paso Children's Hospital

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* A Vita or Resume may be submitted to supplement this application\*\***

**Mail or deliver application to:**  
El Paso Children's Hospital, Attn: Administration-Board Chair  
4845 Alameda, El Paso, TX 79905

**Email Application to:**  
board@elpasochildrens.org



## EL PASO CHILDREN'S HOSPITAL BOARD DUTIES AND RESPONSIBILITIES

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1. Know the Hospital's mission, purposes, goals, policies, programs, services, history, strengths, and needs.
2. Prepare for Board and Committee meetings by reading all supporting documents.
3. Participate in Board and Committee meetings with forethought, courtesy, critical thinking and analyses, and attention to results.
4. Attend regular and special meetings of the Board and assume and follow through on responsibilities between meetings. Regular meetings generally last several hours, not including approximately eight hours necessary to review materials prior to the meeting.
5. Be a member of and attend the meetings of at least one Board Committee (Finance, Compliance, Planning & Development or Professional Affairs).
6. Agree to resign from the Board or from a committee if absent from (3) three consecutive meetings of the Board or from (3) three consecutive meetings of any standing committee on which the Member serves.
7. Serve on *ad hoc* committees at the request of the Chair and attend meetings.
8. Sign the Board Member Pledge.
9. In compliance with the Hospital's policy, file annual financial disclosures with the Board that indicates all companies and businesses in which the member has a substantial financial interest or from which the member receives any income.
10. File an annual written disclosure with the Board that indicates the amount and date of any political contribution/s made within the preceding twelve-month period.
11. Within 90 days of appointment or the next scheduled forum after appointment, complete a Trustee Orientation.



## EL PASO CHILDREN'S HOSPITAL BOARD STATEMENT OF FINANCIAL INTEREST

1. Name	Title, Last, First
2. Address	Address / P.O. Box Apt. / City, State, Zip Code
3. Telephone Number	Area Code, Phone Number, Extension
4. Employment  <input type="checkbox"/> Employed by Another  <input type="checkbox"/> Self-Employed	List All: Name, Address, and the nature of the business of any entity with whom you are employed.
5. Interests in Business Entities	List All: Name, address and the nature of the business in which you have a partnership or joint venture of interest.
6. Interests in Business Entities	List All: Name, address and nature of any business in which you have a substantial financial interest
7. Board and Executive Positions	List All: Name, address and the nature of the business of any corporations on which you serve as a director or board member, whether organized for profit or not, and whether such service is for compensation.

Additional pages may be added if needed.

***By my name signature below, I certify that I am the person herein named and that the above information is true and correct.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date