

# Schoolcraft Memorial Hospital (SMH) Board of Trustee Application

Application Date \_\_\_\_\_

1. Please complete this application in entirety and attach your current resume or description of your experiences including other public service and work history.
2. Please submit your entirely completed application and personal information to:

Schoolcraft Memorial Hospital  
 Executive Assistant/Secretary to the Board  
 7870W US Hwy 2  
 Manistique, MI 49854

**Applicant Contact Information**

<b>LAST NAME</b>	<b>FIRST NAME</b>
<b>HOME ADDRESS</b>	
<b>CITY</b>	<b>STATE</b> <b>ZIP</b>
<b>HOME PHONE #</b>	<b>ALTERNATE PHONE #</b>
<b>EMAIL ADDRESS</b>	

You must meet these eligibility requirements to serve on the SMH Board of Trustees

1. You must be at least 18 years of age
2. You must declare residency of Schoolcraft County
3. You cannot be a convicted felon
4. You cannot be prohibited from working with Medicare or Medicaid
5. You must be in compliance with the IRS Rules for Conflict of Interest, the Schoolcraft County Conflict of Interest Policy, and the SMH Conflict of Interest Policy
6. You must not be legally prohibited from working on the board of a publicly traded company

By signing this application, you are acknowledging that you meet these requirements to serve as a Trustee of the SMH Board of Trustees, that you have read the SMH Bylaws and SMH Board Policy and the information in this application is true.

*The SMH Board of Trustees is interested in developing a well-balanced Board and needs experience in many and diverse areas, including life experiences. Please provide us with detailed information about your skills and experiences.*

*Please complete the skills and experience assessment below. In doing so, we ask that you indicate where you acquired any relevant skill or experience, how long you served in that area, the type of work or service and your level of experience or skill.*

*[Note: If the application is completed using Microsoft Word or compatible software, the fields should expand to include your full answer. If not, please feel free to use a separate sheet of paper as necessary.]*

EXPERIENCE / SKILLS	SELF-ASSESSMENT (1=BASIC / 5=ADVANCED PROFICIENCY) CIRCLE YOUR SELF-ASSESSED SKILL/EXPERIENCE LEVEL				
	1	2	3	4	5
Gen. Bus. Mgmt., Administration or Operations					
EXPERIENCE	COMMENTS				
Executive Mgmt.					
EXPERIENCE	COMMENTS				
Healthcare Industry					
EXPERIENCE	COMMENTS				
Finance / Financial Industry					
EXPERIENCE	COMMENTS				
Political Acumen or Public Service including other Boards					
EXPERIENCE	COMMENTS				
Risk Management					
EXPERIENCE	COMMENTS				
Human Resources					
EXPERIENCE	COMMENTS				
Educator / Trainer					
EXPERIENCE	COMMENTS				
Labor Relations					
EXPERIENCE	COMMENTS				
Legal / Regulatory					
EXPERIENCE	COMMENTS				
Consumer Marketing / PR					
EXPERIENCE	COMMENTS				

EXPERIENCE / SKILLS	SELF-ASSESSMENT (1=BASIC / 5=ADVANCED PROFICIENCY) CIRCLE YOUR SELF-ASSESSED SKILL/EXPERIENCE LEVEL				
	1	2	3	4	5
Mergers / Acquisitions					
EXPERIENCE	COMMENTS				
Strategy Development					
EXPERIENCE	COMMENTS				
Information Technology					
EXPERIENCE	COMMENTS				
Quality Control					
EXPERIENCE	COMMENTS				
Fundraising					
EXPERIENCE	COMMENTS				
Other					
EXPERIENCE	COMMENTS				
Other					
EXPERIENCE	COMMENTS				
Other					
EXPERIENCE	COMMENTS				

1. What experience do you have in working in a collaborative setting?
2. Have you served or do you currently serve on any other boards? If so, please identify each and your role on each (if this is in your resume or C.V., please indicate so.)
3. Do you currently hold any appointed or elected positions in any group or organization that receives Federal or State funds?

4. Do you currently have a contractual agreement, financial relationship or do you currently provide a service to Schoolcraft Memorial Hospital? If so, please explain.
  
5. Do you currently have a family member or relative employed at SMH? If so, please explain.
  
6. What is your vision for SMH? What areas need improvement?
  
7. What life experiences have you had that may help you with being a member of the Board?
  
8. Why are you applying for a position on the SMH Board of Trustees? What interests you the most about becoming a board member?

---

Signed

---

Date