



APPLICATION
Director, District 3
Maricopa County Special Health Care District

Full Legal Name*: _____

Home Address*: _____

City*: _____ Zip Code*: _____

Home Telephone: _____ Cell: _____

Email*: _____

Preferred Method of Contact*? Home Cell Email

Employer Name*: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

How long have you lived in District 3*?

0-1 year

1-5 years

5-10 years

Greater than 10 years

A member of the Board shall comply with all the following:

- Shall be a qualified elector and reside in District 3.
- Shall not be an elected or appointed state or county official or a person who serves on a hospital board.
- Shall not be an employee of the special health care district or a director, officer, or employee of another health care institution.

Do you meet these qualifications*?

Yes

No

* required

This application is subject to the Arizona Public Records Law.



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The Board of Directors holds a general session monthly meeting on the fourth Wednesday of each month at 1 p.m. at the Virginia G. Piper Charitable Trust Pavilion (Piper Pavilion) at Valleywise Health Medical Center, with the executive session being held on the Monday before the general session meeting. General session monthly meetings average 2 to 3 hours. In addition, throughout the year, special meetings or work sessions are held at the Board's discretion. Board member time commitment is essential. In addition to meetings, a Board member should allow time for other duties such as reading material/preparation for Board meetings, out-of-town seminars/conferences, speaking engagements, conversing with citizens, and ceremonial events such as groundbreaking events, grand opening, and employee events. Board members can expect to spend 15-20 hours monthly on these related tasks.

Can you make this type of commitment*?

Yes

No

Have you ever been prevented from participating in any Federal or State healthcare programs*?

Yes

No

If yes, please explain:

Are you presently or have you ever been involved in community service*?

Yes

No

If yes, please explain what type and when:



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Briefly explain why you want to serve on the Board of Directors of the Maricopa County Special Health Care District*.

What experience or knowledge do you have to offer the Maricopa County Special Health Care District*?

Please attach a current copy of your resume.

I have read and understand Title 48, Chapter 31 of the Arizona Revised Statutes.*

To the best of my knowledge, I certify that the facts contained in this application are true and correct. I authorize an investigation of all statements contained herein concerning my qualifications, and I release all parties from all liability for any damages that may result from furnishing the same to you.*

Signature of Applicant: _____ Date*: _____

Please email the completed application to District.Clerks@valleywisehealth.org, no later than 5:00 p.m. on Thursday, January 16, 2025.

* required

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