





## **Board of Directors Application**

CalOptima Health (CalOptima) is a separate legal, public entity from the County of Orange; however, the composition of CalOptima's Board of Directors is governed by the County's Health Authority Ordinance. Therefore, the County's Health Care Agency conducts recruitments for the CalOptima Board of Directors and appointments are made by the Orange County Board of Supervisors.

<b>General Instructions:</b> Type or print clearly. Please identify which of the following position or positions on the CalOptima Board of Directors in which you are applying to serve under this application:						
☐ One person who is	a CalOptima	a Health Member c	or Family of a CalOptim	a Health Mer	mber.	
Please sign the applica as part of your applicati		e 2 and attach a res	sume and any other inf	ormation you	would like considered	
Name:			Occupation/Title:			
Home Address:			Business Address:			
Street:			Street:			
City:	State:	Zip:	City:	State:	Zip:	
Home Phone:	Fax	x:	Business Phone:		Fax:	
Education: Please check the box with the highest level of education and list corresponding information:						
☐ High School	Name	<b>e</b> :		Level/D	egree:	
☐ College or University Name:		Level/Degree:				
☐ Training/Trade School Name:			Level/Degree:			
Advanced Degree Name:		Level/Degree:				
☐ Other Education/Tra	ining:					
Employment: List two	most rece	nt places of emplo	oyment:			
Employer:			Employer:			
Position:			Position:			
From: To:			From:	То:		
Professional/Community/Volunteer Organization Membership: List relevant organizations:						
Organization:			Organization:			
Type of Organization:			Type of Organization:			
Offices Held:			Offices Held:			

List any contracts and/or financial interests that you have with health care providers:					
Briefly explain your qualifications for each position for which you are applying and why you wish to serve					
on the CalOptima Health Board of Directors:					
Disciplinary halans you contify that you mant the many increases of the County's Ondinance for the manifold in which					
By signing below you certify that you meet the requirements of the County's Ordinance for the position(s) in which you are applying to serve on the CalOptima Health Board of Directors.					
Application materials and resume must be delivered to the address listed below. Applications will be accepted on a continuous basis until a sufficient number are received.					
OC Health Care Agency, Attn: Mindy Winterswyk 405 W. 5 <sup>th</sup> St., Ste. 720 Santa Ana, CA 92701					
Signature: Date:					
Chealth CalOptima Health					