

# MidMichigan Health Advisory Council Member Application

Name in Full: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Preferred email address: \_\_\_\_\_

(All information provided on this form is **confidential** and will be disseminated on a need to know basis.)

What motivates you (the nominee) to consider serving on MidMichigan's Advisory Council? \_\_\_\_\_

What would you (the nominee) like to gain from serving on the Advisory Council? \_\_\_\_\_

Business Affiliations: \_\_\_\_\_

Public Offices or Positions (elected or appointed): \_\_\_\_\_

Societies, Clubs or Board Affiliations: \_\_\_\_\_

Positions of Leadership: \_\_\_\_\_

## Special Skills or Knowledge (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Advocacy                   | <input type="checkbox"/> Human Resources Strategy        |
| <input type="checkbox"/> Attorney/Law               | <input type="checkbox"/> Insurance                       |
| <input type="checkbox"/> Business Management        | <input type="checkbox"/> Non-profit Organizations        |
| <input type="checkbox"/> Clergy                     | <input type="checkbox"/> Public Policy                   |
| <input type="checkbox"/> Communications/Marketing   | <input type="checkbox"/> Quality and Safety              |
| <input type="checkbox"/> Construction/ Real Estate  | <input type="checkbox"/> Restaurant/entertainment/sports |
| <input type="checkbox"/> Educator                   | <input type="checkbox"/> Sales/Retail                    |
| <input type="checkbox"/> Enterprise Risk Management | <input type="checkbox"/> Social Service Agency           |
| <input type="checkbox"/> Financial Expertise        | <input type="checkbox"/> Strategic Planning              |
| <input type="checkbox"/> Financial Literacy         | <input type="checkbox"/> Systems Thinking                |
| <input type="checkbox"/> Fund Development           | <input type="checkbox"/> Technology/Manufacturing        |
| <input type="checkbox"/> Governance                 | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Government Relations       | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> Health Care                | _____  |

## Personal Characteristics (check all that apply)

- Collegial
- Change Management
- Consensus Builder
- Creative
- Demonstrated continuous learner
- Effective Communicator
- Leader/motivator
- Respects and Relates well to,  
People of Diverse Backgrounds
- Sound Judgment
- Strategist

Potential Conflicts of Interest: \_\_\_\_\_

**Candidate Nominated by:** \_\_\_\_\_

### Mail completed form to:

Fill in the form, print it and then mail it to  
Donna Rapp, Senior Vice President & Secretary  
MidMichigan Health  
4000 Wellness Drive  
Midland, MI 48670

### Email completed form to: [donna.rapp@midmichigan.org](mailto:donna.rapp@midmichigan.org)

Fill in the form, save it to your desktop, then email the saved pdf. If your system will not allow you to save the file then, select Adobe pdf through the print function to save it that way.