

## **Caswell Family Medical Center, Inc.**

### **BOARD MEMBER ROLES & RESPONSIBILITIES**

Caswell Family Medical Center's (CFMC's) Board of Directors is a Governing Board. The following is intended to serve as a summary of activities for which the Board is responsible for:

- Each member is expected to make good-faith efforts to regularly attend meetings of the Board of Directors. The meetings are regularly scheduled on the third Tuesday of each month at 6:15pm in CFMC's Conference Room;
- Participation in Board Committees. Each board member is asked to consider serving on at least two committees;
- Participate in fundraising, marketing/outreach, and advocacy on behalf of CFMC and issues relevant to the patients the organization serves;
- Elect officers for the Board of Directors (Chair, Vice-Chair, Secretary and Treasurer);
- Consider recommendations from staff and ultimately make decisions as to hours of operations, organizational policies (i.e., personnel, finance/billing), fee schedules, etc.;
- Ensuring consistent compliance with all local, state, and federal laws, as well as with requirements established by the US Department of Health and Human Services – Human Resources and Services Administration (HRSA), and other grant making sources;
- Maintain CFMC's Strategic Plan, including identifying services to be offered based on community need;
- Approval of CFMC's annual grant and budget submission to HRSA;
- Acceptance of an annual external financial audit;
- Maintain and act in accordance with organizational bylaws;
- Approve and maintain plans related to quality and risk management;
- Annual evaluation of the Chief Executive Officer;
- Appointment and re-appointment and approve privileges for all medical staff; and
- Complete an annual Board Self Evaluation.



Please describe any current or previous leadership experiences with other organizations you have been involved with in your community and your role (i.e. board of directors, advisory committee, etc.)?

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Please explain the strengths that you possess that would be of benefit to CFMC. Which of the following areas do you have expertise, special interest or personal contacts:

- Fundraising                       Business Management                       Finance/Accounting  
 Marketing/Public Relations       Political/Government                       Legal  
 Healthcare                       Other: \_\_\_\_\_

***Caswell Family Medical Center, Inc. (CFMC) is a federally qualified community health center (FQHC) and receives funding from the federal Section 330 Community Health Center program. CFMC is closely monitored by the Bureau of Primary Health Care (BPHC), Human Resources and Services Administration (HRSA), and is expected to be in compliance with grant requirements at all times. One requirement is that the composition of the Board of Directors reflect, to the greatest extent possible, the patient population CFMC serves. The questions below are optional but your cooperation in completing them is appreciated.***

- Race:  
 American Indian/Alaskan Native                       Asian                       Native Hawaiian/Other Pacific  
 Black/African American                       White/Caucasian                       Refuse to Report  
 Other: \_\_\_\_\_

- Ethnicity:                       Hispanic/Latino                       Non-Hispanic/Non-Latino                       Refuse to Report

- Gender:                       Male                       Female

Are you, or an immediate family member (Mother, Father, Spouse, Son, Daughter, etc.), an active patient that has been seen at CFMC at least once within the last two years?  Yes  No

**CERTIFICATION:**

I understand that the information contained within this applicant and all supporting document (i.e., resume, recommendation letters, etc.) will be used by CFMC Board of Directors to evaluate my eligibility and qualifications. If I am recommended to the membership for election, this written application may be given to the membership for review. I also certify, by my signature, that the information provided is true, accurate, and complete to the best of my knowledge.

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

**Please return all completed applications to:**  
William Crumpton, Chief Executive Officer  
C/O Caswell Family Medical Center  
PO Box 1448, Yanceyville, NC 27379  
Fax: 336-694-4209 / Email: wcrumpton@caswellmedical.org