

# Apply to become a Board Member

## [Interested in joining the Board?](#)

### Position Name

Board of Directors, Member

### Time Commitment

3 years.

### Position Description

To oversee the financial health and stability of the organization and to support the management and hold it accountable to working in accordance with our mission.

### C. L. Brumback Primary Care Clinics Mission

To provide compassionate, comprehensive health services to all Palm Beach County residents, through collaboration and partnerships, in a culturally sensitive environment.

### Minimum qualifications

- A commitment to developing relationships with fellow Board members, staff, and our community
- Willingness to represent CLBPCC at events and be an ambassador to the community

### Primary Tasks

- Build relationships with staff, service partners and neighbors.
- Board members have the opportunity to participate in trainings and the annual strategic planning, all occasions to deepen understanding of and commitment to CLBPCC's values and work.
- Annually, the Board reviews and approves the annual budget for the following year. The Board considers for approval any staff proposals for spending that varies significantly from the budget. The Board receives and reviews a report from outside financial auditors each year.

### Committee Work

All Board members are encouraged to serve on one or more committees, where everyone is supported by fellow Board members, staff and Board.

- The Finance Committee, including the Treasurer, meets monthly.
- The Membership/Nominating Committee meets as necessary.
- The Quality Council meets with clinic staff monthly.

## How to become a Board member

- If you are ready to apply, please submit the form below.

We ensure our board members align with our patients across gender, race and ethnicity domains

## Board Member Application

**Name\***

**Address\***

**City / State\***

**Telephone (Please include area code, prefix and line number, i.e. XXX-XXX-XXXX)\***

**Best Time to Call\***

**Fax (Please include area code, prefix and line number, i.e. XXX-XXX-XXXX)\***

**Email Address\***

**Emergency Contact Person\***

**Emergency Contact Telephone Number (Please include area code, prefix and line number, i.e. XXX-XXX-XXXX)\***

**Ethnicity**

- ☐ Mexican, Mexican American, Chicano/a
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic Latino/a, or Spanish Origin, Combined
- ☐ Not Hispanic, Latino/a or Spanish Origin
- ☐ Unreported/Chose Not to Disclose Ethnicity

Race

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Other Pacific Islander
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ White
- ☐ Unreported/Chose not to disclose race

Gender\*

- ☐ Male
- ☐ Female
- ☐ Transgender Man/Transgender Male/Transmasculine
- ☐ Transgender Woman/Transgender Female/Transfeminine
- ☐ Other
- ☐ Chose not to disclose
- ☐ Unknown

**Employment\***

**Other Volunteer Commitments you currently have\***

**Past or current community Boards serving\***

**What special contributions would you make as a Board Member?\***

Please check any area(s) of Expertise you bring to the Board\*

- ☐ Business / Corporate
- ☐ Education
- ☐ Financial
- ☐ Government
- ☐ Insurance
- ☐ Judicial
- ☐ Law Enforcement
- ☐ Legal
- ☐ Legislative
- ☐ Medical / Therapeutic
- ☐ Public Relations
- ☐ Social Services
- ☐ Other

Languages Spoken\*

- ☐ English
- ☐ Spanish
- ☐ Creole
- ☐ Other

**Are you related to anyone currently employed by the C. L. Brumback Primary Care Clinics and if so, whom?\***

Have you personally experienced by being a member of, have expertise about, or work closely with the following special populations?

- ☐ Homeless
- ☐ Migrant
- ☐ Seasonal Farmworkers

User of C. L. Brumback Primary Care Clinics?\*

- ☐ Yes
- ☐ No



[Refresh](#) | [Get Audio Code](#)

Type the code from the image

Mandatory field(s) marked  
with \*

Submit Application

TOP



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The C. L. Brumback Primary Care Clinics were granted Federal Tort Claims Act (FTCA) deeming status effective January 1, 2024.

## Support

[Notice of Privacy Practices](#)

[Privacy Policy & Disclaimer](#)

[Non-discrimination Notice](#)

[ADA Notice](#)

[Department of Transportation Notice](#)

[Hospital Price Transparency](#)

[HCD Facial Covering Policy](#)

[Careers - Current Team Members](#)

## Compliance

**Compliance Hotline: 1-866-633-7233**

[Compliance Page](#)

## Public Meetings

[read all public meetings](#)

[Medical Executive Committee](#)

**Date:** June 04, 2024

**Location:**

In-Person & Zoom Meeting - SEE MEETING DETAILS INCLUDED.

Lakeside Medical Center

[39200 Hooker Highway](#)

[Belle Glade, FL 33430](#)

## Social Media

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