561-642-1000 (24/7) | <u>Interested in joining the Board?</u>





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# 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 and support the management and hold it accountable to working in accordance with our mission.

#### C. L. Brumback Primary Care Clinic's Mission

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

#### Minimum qualizcations

- 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 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

TOP

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

C Unreported/Chose Not to Disclose Ethnicity

• 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
C Mexican, Mexican American, Chicano/a
<ul><li>Mexican, Mexican American, Chicano/a</li><li>Puerto Rican</li></ul>
C Puerto Rican

Race
Asian Indian
Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
Cther 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
C Transgender Man/Transgender Male/Transmasculine
C Transgender Woman/Transgender Female/Transfeminine
Other
C Chose not to disclose
C 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?*
C Yes
○ No

Mandatory field(s) marked with \*

**Submit Application** 



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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

TOP

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 $\underline{\text{Sitemap}} \mid \textcircled{\tiny{0}} \text{ Health Care District of Palm Beach County}$