



CANONCITO BAND OF NAVAJOS HEALTH CENTER

PO Box 3338 / 129 Medicine Horse Drive – To'Hajiilee, NM 87026 INC.
Phone (505) 908-2307 / Fax (505) 908-2310

Application for CBNHC Board of Directors Position

****Complete all sections of the application and sign, otherwise the application shall be deemed incomplete and returned****

PLEASE PRINT CLEARLY OR TYPE

Date of Application: _____

Legal Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
STREET CITY STATE ZIP CODE

Physical Address: _____
STREET CITY STATE ZIP CODE

Telephone Number () _____ Mobile/Other Phone Number () _____

If necessary, what is the best time to call you _____ AM PM

Email Address: _____

Are you a member of the Canoncito Band of Navajos? YES NO

Are you currently an elected or appointed official of any school, tribal, county, state or federal government entity?
YES NO

If yes, please state the name of the office, the name of the entity, and whether you were appointed or elected: _____

Have you ever been employed by CBNHC? YES NO If yes, provide date(s): From _____ to _____

Provide the Position Title: _____

Do you have any immediate relatives who are already serving on the CBNHC Board of Directors or Employed by CBNHC?
 YES NO

If yes, please state the full name of the immediate family member and state the nature of your relationship (i.e., husband, wife, mother, father, sister, brother, daughter, son, etc.)

Are you able to travel when required? YES NO

Are you able to attend all monthly meetings for the attendance requirements of the position? YES NO
(Third Tuesday of the month and Special Board Meetings as needed)

Do you have Finance or Accounting experience and/or Education? Explain: _____



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Do you have Business experience and/or Education? Explain: _____

Do you have Healthcare experience and/or Education? Explain: _____

Do you have Federal, Healthcare, and Indian Law experience and/or Education? Explain: _____

What is highest level of Education you achieved? Do you have a college degree? What college did you graduate from and when? Explain: _____

List any additional information you would like us to consider, such as work experience, special training, etc.

I further certify that all information I have provided within this application as a Board of Director is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or result in removal as a Director when it is discovered Board position is contingent upon a successful drug screening and background check.

Signature of Applicant: _____

Date: _____

Print Name: _____