

ILIULIUK FAMILY AND HEALTH SERVICES, INC. (IFHS)

Board of Directors Application
Revised August 2025

INTRODUCTION

This application is for individuals interested in serving as a volunteer member of the Board of Directors for Iliuliuk Family and Health Services (IFHS).

IFHS is a 501(c)(3) non-profit organization whose mission is *“To provide quality integrated health care and to promote health and well-being.”*

Please Note: Federal regulations state that no board member may be an employee of the health center or an immediate family member of an employee.

PERSONAL INFORMATION

Full Name:

Mailing Address:

City:

State & Zip:

Phone:

Email:

Pronouns:

EMPLOYMENT INFORMATION

Employer:

Title/Role:

Length of Employment:

Employment Address:

CONNECTION TO IFHS

How are you connected with IFHS? (3–4 sentences)

Are you a patient of IFHS? (A patient is defined as having a medical appointment or visit to IFHS within the last 12 months.)

- Yes No

INTEREST & MOTIVATION

Why are you interested in serving on the Board of Directors for IFHS, and how would IFHS benefit from your service? (3–4 sentences)

What aspect of Board service interests you the most? (3–4 sentences)

SKILLS & EXPERTISE

What skills and experience can you contribute to the IFHS Board of Directors?

Areas of Expertise (Check all that apply.)

- | | |
|---------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Finance/Auditing | <input type="checkbox"/> Business/Corporate |
| <input type="checkbox"/> Fundraising/Philanthropy | <input type="checkbox"/> Non-Profit Management |
| <input type="checkbox"/> Government | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Legal/Governance |

- | | |
|-----------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Public Relations/Marketing | <input type="checkbox"/> DEI (Diversity, Equity, and Inclusion) |
| <input type="checkbox"/> Volunteer Management | <input type="checkbox"/> Outreach/Advocacy |
| <input type="checkbox"/> Policy Development | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Education | <input type="checkbox"/> Research |
| <input type="checkbox"/> Grants (Federal, State, Private) | <input type="checkbox"/> Regulatory and Compliance |
| <input type="checkbox"/> Other: _____ | |

Please briefly describe any other areas of expertise or interests.

BOARD EXPERIENCE

Do you have any prior Board experience?

- Yes No

If yes, please list the name of the organization(s), role(s), and years served.

Are you currently serving on any other Boards? If so, please list them.

Please list any professional, civic, or non-profit organizations to which you belong.

REFERENCES

Please provide the names and contact information for three references: one professional, one personal, and one volunteer.

Reference Type	Name	Organization / Relationship	Phone	Email
Professional				
Personal				
Volunteer				

DEMOGRAPHIC INFORMATION (OPTIONAL)

It is very important that the Board of IFHS reflect the patient populations that we serve. The following questions are optional but help ensure we are fulfilling that goal.

Age Range:

- 18–29 30–49
- 50–64 65+

Nationality/Ethnicity:

- Asian Pacific Islander African-American/Black Hispanic/Latino
- Alaska Native/Native American White Other: _____

SITUATIONAL QUESTIONS

Can you describe a situation where you successfully navigated a controversial topic with colleagues or stakeholders? What strategies do you typically employ to ensure respectful dialogue?

Board members have a duty to support the majority’s decision, even when they may have voted against it. Do you foresee any difficulty supporting a Board decision with which you may disagree? Please explain.

Please share anything else you believe is relevant to your Board application.

CONFLICTS OF INTEREST

IFHS requires every member of the Board of Directors to make full disclosure of any actual, perceived, or potential conflicts of interest on an annual basis, and whenever a potential conflict of interest becomes known. Failure to disclose a conflict of interest is grounds for immediate dismissal from the Board of Directors. If the Governance Committee forwards your application to the full Board and the Board appoints you, you will be required to complete a Conflict of Interest disclosure.

SUBMISSION

Please submit this completed application via email to all of the following:

Dawn Johnson, CEO — djohnson@ifhs.org

M. Lynn Crane, Board President — mcrane@ifhs.org

Marc Kielmeyer, Board Vice President — mkielmeyer@ifhs.org

Twyla Olson, Board Secretary/Treasurer — tolson@ifhs.org