



**CROSSROADS
MEDICAL MISSION**

P.O. Box 16852 • Bristol, VA 24209-6852
crossroadsmedicalmission.org
276-466-1600 (office) 276-466-2800 (fax)

Dear Prospective Board Member,

Thank you for considering serving on Crossroads Medical Mission's Board of Directors. Please complete the attached forms:

- 1 Application for Appointment to the Board of Directors
- 2 Nominee Assessment Form
- 3 Current résumé

If you have any questions please feel free to contact the Executive Director:

Cindy Rockett at 276-466-1600

Please send the completed application packet to cindy@crossroadsmedicalmission.org or mail to:

Crossroads Medical Mission
300 West Valley Drive
Bristol, VA 24201

If you have not spent time at one of the mobile clinics, please take the time to do so. We will be happy to show you Crossroads Medical Mission in action!

Application for Election to the Board of Directors

Name: _____ Birthday: _____

Phone: Cell _____ Other Phone: _____ Is it ok to text: Yes No

Address: _____

Email: _____

City: _____ State: _____ Zip: _____

Employment

1 _____
Company Name

Address
City ST Zip

Position Held Phone Number Years To - From

2 _____
Company Name

Address
City ST Zip

Position Held Phone Number Years To - From

Length of residency in the Tri-Cities area _____

Memberships in community organization(s) and churches in the past five years-include any office positions or committee assignments)

1 _____

2 _____

3 _____

Memberships on boards or committees of the Counties or Cities (indicate dates)

1 _____

2 _____

Areas of expertise and areas of interest (please check all that apply)

Legal Finance/Accounting Public Relations/Marketing
 Human Resources Management/Administration Special Event Coordination
 Education/Training Fundraising Spiritual Guidance
 Medical Other (please specify) _____

Currently, Board meetings are held every other month at 6:00PM. A light dinner is provided. We pride ourselves on concise and effective meetings. We expect all board members to contribute of their time, talent, or treasures (or a combination!). Are you able to accept this commitment?

Signature date

Nominee Assessment Form

Name: _____

Please assess your expertise in the following areas from high level of expertise to low level of expertise.

Categories	High	Med.	Low
Background and Experience	√	√	√
Organizational Management	_____	_____	_____
Financial Management	_____	_____	_____
Access Media Focus or Expertise	_____	_____	_____
Nonprofit Management	_____	_____	_____
Nonprofit Board Experience	_____	_____	_____
Administration	_____	_____	_____
Business or Corporate	_____	_____	_____
Finance: Accounting	_____	_____	_____
Finance: Banking & Trust	_____	_____	_____
Finance: Investments	_____	_____	_____
Fundraising Experience	_____	_____	_____
Fundraising Leverage	_____	_____	_____
Government Regulations	_____	_____	_____
Government Representative	_____	_____	_____
Law	_____	_____	_____
Medicinal or Dental	_____	_____	_____
Real Estate	_____	_____	_____
Marketing	_____	_____	_____
Personnel	_____	_____	_____
Facilities Management	_____	_____	_____
Strategic/L-R Planning	_____	_____	_____
Public Relations	_____	_____	_____
Graphic Design/DTP	_____	_____	_____
Public Speaking and/or Presentations	_____	_____	_____
Computer expertise	_____	_____	_____

