



BOARD of DIRECTORS
P.O. Box 503177
St. Thomas, U.S.V.I. 00805-3177

4605 Tutu Park Mall
Suite 188C
St. Thomas, U.S.V.I. 00802-1735

Phone: 340-775-3700 Ext. 2048
Email: lcorneiro@stemcc.org

Board Nominee Application

Demographic Information

Last Name

First Name

M.I.

Gender

Male

Female

Home Phone

Work Phone

Cell Phone

Email Address

Physical Address

Mailing Address

City

State

Zip Code

Race

Black African American

American Indian/ Alaska Native

Asian

Ethnicity

Pacific Islander

White

Other

Hispanic/ Latino

Non- Hispanic/ Latino

Educational
Background

Employment
Status

Full Time

Self-
Employed

Not
Employed

Part- Time

Retired

Employer

Position Title #

Board Nominee Application

-2-

List last three (3) positions held On- Island	List last three (3) positions held Off- Island

In accordance with Article III Section 3.3 (e), No Director shall be an employee of the Corporation, or spouse, child, parent, brother, or sister by blood or marriage of such an employee. Yes No

Is any member of your family presently employed at the St. Thomas East End Medical Center Corporation?

One of the requirements of becoming a Board member, is that you be a "User" of the St. Thomas East End Medical Center Corporation (STEEMCC). Do you currently use the services at STEEMCC? Yes No

If you answer "NO", is it your intention to become a user? Yes No

Does any member(s) of your immediate family use or have used the services of the St. Thomas East End Medical Center? Yes No

Skills/ Areas of Expertise (Please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Architect/ Engineering | <input type="checkbox"/> Banking |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Communication System | <input type="checkbox"/> Community Activist |
| <input type="checkbox"/> Corporation/ Foundation Affiliations | <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Financial Systems | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Governmental Relations |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Labor Relations/ Negotiations |
| <input type="checkbox"/> Legal Affairs | <input type="checkbox"/> Managed Care Awareness | <input type="checkbox"/> Management Information Systems |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Staff Education & Development | <input type="checkbox"/> Strategic Planning |
|
<input type="checkbox"/> Other _____ | | |

Brief Description of Qualifications/ Assets for Membership

Board Nominee Application

-3-

Organization Membership(s)/ Community Involvement:

If selected in what particular area(s) of the Board might you be interested in making a contribution?

- | | | |
|---|--|--|
| <input type="checkbox"/> Board/ Program Development | <input type="checkbox"/> Board Selection | <input type="checkbox"/> Finance and Auditing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Healthcare Issues | <input type="checkbox"/> Performance Improvement |
| <input type="checkbox"/> Personnel/ Human Resources | <input type="checkbox"/> Policy and Procedures | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Other/ Wherever needed | | |

Board of Directors meetings are held monthly; participation via telephone conference and/or Zoom Video Conference is acceptable due to unusual circumstances. Would you be able to attend these meetings on a fairly regular basis? Yes No

If selected, you wish to be considered for an initial term to the Board of Directors of St. Thomas East End Medical Center Corporation for: One Year Two Year Three Year

I have been nominated/recommended for membership by: _____

I have attached a Resume/ Curriculum Vitae: Yes No (follow under separate cover)

The information hereby submitted for consideration to the Board of Directors of the St. Thomas East End Medical Center Corporation, is true and correct to the best of my knowledge.

Signature: _____

Date: _____