

**GRANITE COUNTY HOSPITAL DISTRICT  
APPLICATION FOR APPOINTMENT TO THE BOARD OF TRUSTEES**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Are you a resident of Granite County? \_\_\_\_\_

Describe the reasons you are interested in this position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any background, experience, and interests that you have which may assist you in performing the responsibilities of this appointment:

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Experience: \_\_\_\_\_

(Please attach a detailed resume if desired)

Have you served on any previous boards or in any governmental positions in the past? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you available for night meetings? \_\_\_\_\_

Are you available for daytime meetings? \_\_\_\_\_

Do you foresee any potential conflicts of interest that you might have in executing the duties of this appointed position? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a conflict of interest arose for you, how would you deal with it as an appointed member of the board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this application to the Granite County Medical Center, c/o Board Of Trustees. It can be returned in person or mailed to: P. O. Box 729, Philipsburg, Montana 59858.

Thank you,

Board of Trustees, Granite County Hospital District