

# Consumer Board Nomination Form



Mail to: 300 Cherapa Place, Suite 200 or email to [memberservices@sanfordhealth.org](mailto:memberservices@sanfordhealth.org).

*Please note: Candidates must be insured by Sanford Health Plan in order to serve as a Consumer Board Representative. Candidates can be either an active employee or an insured retiree.*

## Candidate Information

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Previous experience (if any) sitting on an Executive Board:

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

Please check any of the following skills or experience that the candidate possesses.

- |   |  |
|---|--|
| <input type="checkbox"/> Finance, accounting              | <input type="checkbox"/> Management, administration                  |
| <input type="checkbox"/> Contracting                      | <input type="checkbox"/> Sales experience                            |
| <input type="checkbox"/> Fundraising and special events   | <input type="checkbox"/> Teaching experience, curriculum development |
| <input type="checkbox"/> Public relations, communications | <input type="checkbox"/> Healthcare                                  |
| <input type="checkbox"/> Customer/client service          | <input type="checkbox"/> Other _____                                 |

Affiliations or organizations the candidate belongs to (e.g., membership, professional, civic):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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## Submitted by

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has this person been contacted to determine their interest in being nominated?  Yes  No

If "yes," would he/she be willing to serve if elected?  Yes  No

*Thank you for your nomination.*