



**To: San Joaquin Health Centers (SJ Health) Patients and other Residents of San Joaquin County Interested in Joining the San Joaquin County Clinics Board of Directors**

SJ Health is jointly operated by the County of San Joaquin and the San Joaquin County Clinics non-profit public benefit corporation (SJCC). The SJCC Board of Directors provides policy making recommendations, budget review and oversight of the appointment of a Project Manager for SJ Health. SJ Health is seeking interested and energetic clinic patients and other individuals who either live or work in San Joaquin County to serve on the SJCC Board of Directors. A federally qualified health center with a mission to improve the health and well-being of its patients and community, SJ Health is looking for board members to help maintain and enhance services.

SJ Health is particularly interested in prospective board members who are patients, including parents and legal guardians of dependent children or adults who receive care at SJ Health, and non-patient community members who reflect the populations it serves.

The SJCC Board meets monthly, and board members may also be expected to serve on a board subcommittee. Please review the attached information about the role and responsibilities of the Board. If interested, please complete the attached application and supplemental information.

Please submit your application to:

**SJ Health  
10100 Trinity Parkway, Suite 100  
Stockton, CA 95219**

or to the SJCC Clerk of the Board, via

email: [mallen@sjhealth.org](mailto:mallen@sjhealth.org)



## **SAN JOAQUIN HEALTH CENTERS**

### **BOARD FACT SHEET**

#### **COMPENSATION:**

None.

#### **MEMBERSHIP QUALIFICATION AND RESIDENCY:**

The San Joaquin County Clinics (SJCC) non-profit Board consists of no less than 9 and no more than 25 members. All members must live or work in San Joaquin County and be lawful U.S. residents.

At least fifty-one percent (51%) of SJCC Board members must be active SJ Health patients as defined by the Health Resources and Services Administration (HRSA)'s Bureau of Primary Health Care (BPHC).

No more than forty-nine percent (49%) shall be non-patient members. These board members must be representative of the community served by SJ Health and will be selected for their expertise in health care, finance and banking, legal affairs, community affairs, and other commercial and industrial concerns, and for their capability of providing leadership in the community (non-user members). No more than one-half of the non-patient members may derive more than 10 percent (10%) of their annual income from the health care industry.

No Board member shall be an employee of the corporation, or the spouse or child, parent, brother, or sister, by blood, adoption or marriage of an employee of the corporation or San Joaquin County, nor may they have a financial interest which would constitute a conflict of interest.

#### **TERM:**

The term of office for members of the Board are variable and shall be up to three (3) years and/or until a successor has been designated and qualified. Terms shall end on October 31st, except as may be needed to maintain Board stability and continuity. Directors may serve up to three (3) consecutive terms after which the Director shall leave the Board for at least twelve (12) months.

**GENERAL  
RESPONSIBILITIES:**

SJ Health is a federally qualified health center look- alike. To maintain this designation, it must be in compliance with specific Health Center Program requirements as outlined in the Health Center Program Compliance Manual. The Board of Directors of SJCC has general responsibility for policy making including but not limited to the following:

- Adopt policies identifying services to be delivered by SJ Health and the hours during which they will be provided
- Approve annual budget for SJ Health operations, subject to approval by the San Joaquin County Board of Supervisors (BOS)
- Develop financial priorities & strategies
- Evaluate the effectiveness of the clinics
- Approve grant applications and/or the annual recertification related to the Health Center Program
- Appointment of the Health Center Project Manager or CEO
- Provide direction for/engage in long-range planning

**Board Participation**

- Attend at least 80% of board meetings and board activities
- Actively participate on at least one standing committee
- Average time commitment is 4-5 hours per month

The Board shall meet once per month. Ad hoc and standing committees shall convene as determined by Board Chair or individual committees, as appropriate.

**MEETING FREQUENCY:**

Last Tuesday of each month (subject to change due to holidays)

**MEETING LOCATION:**

SJ Health Administration  
10100 Trinity Pkwy, Suite 100  
Stockton, CA 95219

**CONTACT PERSON:**

Michael Allen  
SJCC Clerk of the Board  
SJ Health Administration  
10100 Trinity Pkwy, Suite 100  
Stockton, CA 95219  
[mallen@sjhealth.org](mailto:mallen@sjhealth.org)  
(209) 953-3711



## APPLICATION FOR SAN JOAQUIN COUNTY CLINICS 501(c)(3) BOARD OF DIRECTORS

**INSTRUCTIONS:** Please complete each item below. For more information or assistance, contact the Clerk of the Board of San Joaquin County Clinics.

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

MEMBERSHIP INTEREST: ☐ REGULAR BOARD ☐ FINANCE ONLY ☐ QUALITY ONLY

CATEGORY FOR WHICH YOU ARE APPLYING:

☐ PATIENT MEMBER

☐ NON-PATIENT MEMBER

\_\_\_\_\_  
FIRST NAME MI LAST NAME  
BIRTHDATE \_\_\_\_\_  
MONTH DAY YEAR

\_\_\_\_\_  
HOME ADDRESS CITY STATE ZIP

Length of Residence: \_\_\_\_Years \_\_\_\_Months

\_\_\_\_\_  
MAILING ADDRESS (if different from Home) CITY STATE ZIP

\_\_\_\_\_  
EMAIL CONTACT PHONE NUMBER

\_\_\_\_\_  
CURRENT EMPLOYER JOB TITLE

\_\_\_\_\_  
FORMER EMPLOYER (IF RETIRED) JOB TITLE

## INTERESTS AND EXPERIENCES

HOW DID YOU LEARN OF THE OPENING?

BRIEFLY STATE, WHY YOU ARE INTERESTED IN SERVING ON SJ HEALTH'S BOARD OF DIRECTORS:

PLEASE CHECK ANY OF THE FOLLOWING EXPERIENCE/EXPERTISE YOU POSSESS:

- ☐ BEHAVIORIAL HEALTH
- ☐ BUSINESS
- ☐ COMMUNITY ADVOCATE
- ☐ EDUCATION/CHILD CARE
- ☐ FINANCIAL/BANKING/ACCOUNTING
- ☐ FUND RAISING
- ☐ GOVERNMENT
- ☐ HEALTH CARE-ADMINISTRATION
- ☐ HEALTH CARE-CLINICAL/QM/QI
- ☐ LABOR RELATIONS/HUMAN
- ☐ RESOURCES LEGAL
- ☐ PLANNING/PROGRAM EXPERTISE
- ☐ PUBLIC RELATIONS
- ☐ RELIGION/FAITH-BASED
- ☐ SOCIAL/HUMAN SERVICES
- ☐ OTHER (PLEASE SPECIFY)

BRIEFLY DESCRIBE YOUR EXPERIENCE/EXPERTISE/EDUCATION THAT YOU FEEL WILL BE HELPFUL FOR FULFILLING THE RESPONSIBILITIES OF A BOARD MEMBER.

BRIEFLY STATE THE PROFESSIONAL AND/OR OTHER COMMUNITY ORGANIZATIONS TO WHICH YOU BELONG:

1. Are you an employee or officer of San Joaquin County, any City in the County, the State, or the Federal government? *If yes, please specify employer or office:* ☐ Yes ☐ No
2. Have you ever been convicted of a felony which could disqualify you from appointment? *If yes, please list the nature of the conviction and the date and court in which the conviction was entered.* ☐ Yes ☐ No
3. Are you related by blood, adoption or marriage to any employee or officer of San Joaquin Health Centers or San Joaquin County? *If yes, please specify:* ☐ Yes ☐ No
4. Are there any facts of which you are aware that would cause you to have an actual or apparent conflict of interest with respect to the position to which you are seeking appointment? *If yes, please specify:* ☐ Yes ☐ No
5. Confirm you meet the minimum qualifications to serve on the committee for which you are applying and are available to attend meetings regularly. Qualifications and meeting information is listed on the Fact Sheet, which starts on Page 2 of this application. ☐ Yes ☐ No

Please complete the entire Board Packet and submit along with a current CV or resume.

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**APPLICANT SIGNATURE**

**DATE**

**MAIL TO**

SJ Health

10100 Trinity Parkway, Suite 100, Stockton, CA 95219

**OR EMAIL TO THE CLERK OF THE SJCC BOARD AT**

[mallen@sjhealth.org](mailto:mallen@sjhealth.org)



**SAN JOAQUIN COUNTY CLINICS**

**BOARD OF DIRECTORS**

**APPLICATION ADDENDUM**

Membership on the San Joaquin County Clinics Board, by federal regulation, requires the majority of the members be patients of the clinic system and that collectively, members adequately represent the demographics of patients served in terms of race/ethnicity, gender and economic status. This information is required in order to accept an application for board membership, and incomplete applications will not be considered.

Gender (Select one):

Race (Select one):

\*Other:

Ethnicity (Select one):

Have you obtained medical care from San Joaquin Health Centers within the previous 2 years?

☐ Yes ☐ No

I agree and understand that my potential board membership publicly identifies me as a patient of SJ Health Centers. Any and all other health information regarding my medical care at SJ Health remains protected and confidential. I, therefore, accept this disclosure, and do not hold the SJ Health responsible for this limited disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please note: Service on this Board requires annual disclosure of potential conflicts of interest via Form 700**