



## Application to Fill an Open Board Seat

San Bernardino Mountains Community Hospital District (SBMCHD) is a special health care district operating Mountains Community Hospital and is governed by a publicly elected board of directors. The board is comprised of dedicated community members with expertise and experience in a variety of areas beneficial to the hospital.

The San Bernardino Mountains Community Hospital District has one (1) opening on its Board of Trustees. To be eligible to fill this office, on a temporary basis, you must be a registered voter and live within the Hospital District.

If you have an interest in serving on the Board of Trustees, please complete this application and return it to Kristi McCasland by email to: [kristi.mccasland@mchcares.com](mailto:kristi.mccasland@mchcares.com), by mail to:

Mountains Community Hospital  
Attn: Administration  
P.O. Box 70  
Lake Arrowhead, CA 92352

Or, you may hand deliver your application to the District Secretary at:

Mountains Community Hospital  
Attn: Administration  
29101 Hospital Road  
Lake Arrowhead, CA 92352

Applications should be received by no later than 4:00 p.m. on Friday, February 16, 2024.

If you have any questions, please call Kristi McCasland, District Secretary, at (909) 436-3201.

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ARE YOU A REGISTERED VOTER WITHIN THE DISTRICT? Yes \_\_\_\_\_ No \_\_\_\_\_

NAME: \_\_\_\_\_ AGE (optional): \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

BUSINESS OR MAILING ADDRESS: \_\_\_\_\_

PHONE (DAYTIME): \_\_\_\_\_ PHONE (EVENING): \_\_\_\_\_

E-MAIL (optional): \_\_\_\_\_



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EDUCATION			
Institution	Major	Degree	Year

WORK / VOLUNTEER EXPERIENCE				
Organization	City	Position	From	To

### **STATEMENT OF QUALIFICATIONS:**

Please briefly describe your qualifications and why you are interested in serving as a SBMCHD Board Member.

Years of residence in the San Bernardino Mountains Community Hospital District \_\_\_\_\_







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### **CERTIFICATION:**

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

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Signature

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Date