

**2014 APPLICATION FOR NOMINATION TO SERVE ON THE BOARD OF TRUSTEES
OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY**

Mission

To build the health of the community by providing a single, high standard of quality care
for the residents of Miami-Dade County

Vision

Our strategic vision is to be a nationally and internationally recognized,
world-class academic medical system and to be the provider of choice for quality care.

Chapter 25A of the Miami-Dade County Code states that the governing body of the Trust shall consist of 7 voting members, none of whom shall be employees of the Trust. Board members are appointed to the Trust during the annual appointment process or through a special convening of the Nominating Council. The membership of the Board of Trustees should be representative of the community at large and should reflect the racial, gender, ethnic and disabled make-up of the community. Candidates will be screened for any potential conflict of interest with the responsibilities of a Board member.

Completed applications and resumes can be mailed or hand delivered to the address below **by April 21, 2014 at 4:00 p.m.** Emails or facsimiles of the application and resume will be accepted and can be sent to clerkbcc@miamidade.gov or faxed to 305-375-2484. It is the responsibility of the applicant to ensure electronic receipt of the application and resume by calling the Clerk of the Board at 305-375-1652.

**Clerk of the Board of County Commissioners
ATTENTION: Christopher Agrippa, Director, Clerk of the Board
111 NW 1st Street, Suite 17-202
Miami, Florida 33128
(305)375-1652**

**ATTENTION APPLICANTS: BACKGROUND CHECKS WILL BE PERFORMED ON
ALL APPLICANTS SELECTED FOR AN INTERVIEW. IF SELECTED, TRUSTEES
WILL BE REQUIRED TO SUBMIT FINANCIAL DISCLOSURE FORMS.**



**Candidate for Nomination to Serve on the Board of Trustees
Public Health Trust of Miami-Dade County
Jackson Health System**

Previous Employment and Professional Background:

Business Name	Position	Years

EXPERIENCE AND/OR QUALIFICATIONS:

Describe how your past experience and/or qualifications would benefit the Public Health Trust:

ORGANIZATIONS AND ACTIVITIES:

List community, civic, professional and other organizations of which you are a member:

Organization

Position Held

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List any Public Office held (Elected or Appointed):

Office

Date

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Affiliations with hospitals, nursing homes or other health related institutions:

Activities reflecting community interest:

List all potential conflicts of interest, including potential conflicts arising from your relationships or the relationships of any of your family members in the healthcare industry:

References - Persons acquainted with candidate's activities/experience:

Name	Title	Telephone
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Please describe the goals and objectives you will seek to accomplish if you are selected as a Trustee:

I, (candidate's name) _____,
Citizen of the United States, a duly qualified elector of Miami-Dade County, and not
affiliated with the Public Health Trust of Miami-Dade County or its subordinate agencies
or institutions, would, if appointed, be willing and able to discharge the responsibilities
and functions of Trustee. I declare that, if selected while currently serving on another
official County board, I will resign from my other County responsibilities.

Date

Candidate's Signature

Nominated by (if not self):

Name

Telephone

City

State

Zip Code