County of Orange CalOptima Board of Directors Member Application

<u>General Instructions:</u> Please type or print clearly. This application is for current CalOptima members. Parents of children receiving CalOptima services do not qualify, per County Ordinance. Attach a resume outlining your qualifications, and sign the CalOptima Authorization Form.

Name			Occupation/Title		
Home Address			Business Address		
Street			Street		
City	State	Zip	City	State	Zip
Home Phone:	Fax:		Business Phone: Fax:		
Education: Please check	the box with	the highest l	evel of education and list c	orresponding info	ormation.
High School	Name:		Level/Degree:		
College or University	Name:		Level/Degree:		
Training/Trade School	Name:		Level/Degree:		
Advanced Degree	Name:		Level/Degree:		
Other Education/Traini	ng:				
Employment: List recen	it employment.				
Employer			Employer		
Position			Position		
From:	To:		 From:		

Professional/Community/Volunteer Organization Membership: List relevant organizations.						
Organization	Organization					
Type of Organization	Type of Organization					
Offices Held	Offices Held					
Briefly Explain: List your qualifications and why you w	vish to serve on the CalOptima Board of Directors.					
Please sign the application below and attach a resum Authorization for Use or Disclosure of Protected Heacurrent member status, required per Ordinance. Mail of below by Monday, Septem	alth Information form to enable CalOptima to verify or deliver application and authorization to the address					
Health Care Agency – 405 W 5 th St., Santa Ana, C	Suite 716					
For questions, call	714-834-5522					
Signature	Date					