

John M. Scott Health Care Commission Application for Appointment

The John M. Scott Health Care Commission has opportunities for volunteer service on the Commission as well as occasional “ad hoc” committees formed for a limited term to consider a specific issue or project.

Appointments are made by the following process:

- Applications are first reviewed by the J. M. Scott Commission Executive Committee, then if approved, are forwarded to the full Commission for action;
- Recommendations are forwarded to the John M. Scott Trustees (Bloomington City Council) for final action;
- Terms of appointment are generally for three years;
- Members can serve up to three terms.

The appointment process may include an oral interview, appearance before Scott Commissioners and possibly Trustees. Background checks may be required.

The Commissioners and Trustees strive to appoint members who:

- Are committed to the mission of the John M. Scott Health Trust;
- Have specific expertise to meet the purposes of the Trust;
- Are willing to participate fully and if needed, serve in leadership roles; and
- Are free from bias or conflict of interest.

Appointments are made without discrimination based on race, color, sex, religion, age, national origin, marital status, familial status, sexual orientation, or physical or mental disability unrelated to ability.

The Scott Trust relies on McLean County residents and employees to provide not only experience and expertise in issues related to health care to the underserved, but also to provide general citizen input into the policy making process. To properly represent our citizens, members of these groups must have ample time not only to attend meetings, but also to research issues and be available and willing to discuss issues with citizens. Members are subject to removal based on Scott Health Care Bylaws.

**John M. Scott Health Care Commission
Application for Appointment**

Please print clearly and fill in all blanks. You may attach additional pages or supporting documents as necessary for completeness.

1. Name: _____

2. Address: _____

3. Preferred phone number: _____

4. Email: _____

5. Check expertise/knowledge area you have been invited to bring to the Commission:

Health professional

Primary care

Mental health

Other (Specify): _____

Finance

Grant

Representative of Second Presbyterian Church, Bloomington, IL

7. Are you a legal resident of the McLean County (place of voting, where income taxes are paid, etc.)?

Yes, I reside in McLean County. (If yes, to skip question 9)

No, I do not reside in McLean County. (If no, please go to question 8)

8. If you are not a legal resident of McLean County, are you employed in a business located in McLean County?

Name of Business: _____

Address in McLean County: _____

9. I have lived within McLean County, Illinois for a total of _____ years.

Or I have worked within McLean County, Illinois for a total of _____ years.

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Please answer the following questions or attach a short resume (type "See Resume" in required fields if providing resume):

10. List, with dates, boards on which you have currently serve or have served within the past (5) years:

11. List your education, including degrees, formal training and apprenticeship programs:

12. List any licenses and professional memberships/designations held:

13. List skills, interests and experiences relevant to your desired board, commission, or committee appointment:

14. List your current employer(s), with address, and describe position(s):

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15. List all previous employers and positions, with dates, within the past (5) years:

16. List all community volunteer activities in which you have participated over the past (5) years:

17. Do you expect to have the flexibility to attend meetings and perform your duties during both days and evenings?

No

Yes, list limitations:

18. Please state your specific interest for serving on the John M. Scott Commission: (100 word limit):

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I hereby certify that the information I have provided on and with this form is true and complete as of the date I have affixed below. I understand that all information herein is available to the public pursuant to “freedom of information” laws. I hereby state my understanding that the City of Bloomington may conduct a background investigation, and give my consent to that process.

Signature

Date Submitted

Submit this completed application with supporting documents to:

MAIL:
City of Bloomington
Community Development Department
109 E. Olive St.
Bloomington, IL 61701
Attn: Grants Coordinator

IN-PERSON:
City of Bloomington
Community Development Department
115 E. Washington St., 2nd Floor
Bloomington, IL 61701
Attn: Grants Coordinator

EMAIL:
jms@cityblm.org