



**Haywood Regional Medical Center
Application For:**

Community Relations Council

NAME: _____ **DATE:** _____

HOME ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

EMPLOYER: _____

BUSINESS ADDRESS: _____ **PHONE:** _____

REFERRED BY: _____

BOARDS, VOLUNTEER OR COMMUNITY SERVICE: _____

PROFESSIONAL / BUSINESS EXPERIENCE: _____

PLEASE STATE REASON(S) WHY YOU WOULD LIKE TO SERVE ON THIS COMMITTEE: _____

For the purpose of diversity and balance on the Committee, please complete the following:

Race _____ **Sex** _____ **I am a resident of the city** _____ **Resident of Haywood County for** _____ **years.**

I am a resident of the County from the: **North** ____ **South** ____ **East** ____ **West** ____

Return this form to:

**Haywood Regional Medical Center
Foundation
262 Leroy George Drive
Clyde, NC 28721
Or fax to: (828) 454-9289**

Signature of Applicant

I understand that this application will be kept on active file for one year only.

For questions email: rtindall@haymed.org

Revised April 2008