

**2024 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 health care for all the residents of Miami-Dade County

Vision

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

Values

Providing the best care, with care, for everyone by demonstrating compassion, accountability, respect, and expertise.

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 **May 29, 2024 at 4:00 p.m.** Emails or facsimiles of the application and resume will be accepted and can be sent to cocboards@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 305-375-5127.

**Clerk of the Board of County Commissioners
ATTENTION: County Board's Coordinator
111 NW 1st Street, Suite 17-202
Miami, Florida 33128
(305)375-5127**

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**

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.

Biographical Profile

Name: _____
Last First Middle

Employer: _____

Title/Occupation: _____

Business Type: _____

Business Address: _____

Business Telephone: _____ Fax: _____

Email Address: _____

Home Address: _____

Home Telephone: _____

Date of Birth: _____ Length of Residence in Miami-Dade County: _____

PLEASE CHECK APPROPRIATE INFORMATION LISTED BELOW (Optional)

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black Non-Hispanic | <input type="checkbox"/> Haitian American |
| | <input type="checkbox"/> Hispanic | |
| | <input type="checkbox"/> Asian or Pacific Islander | |

EDUCATION:

School/City/Major/Degree:

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