GEORGIA DEPARTMENT OF COMMUNITY HEALTH, STATE OFFICE OF RURAL HEALTH

APPENDIX C

COMMUNITY AWARENESS PROGRAM

# GOVERNING BOARD COMPOSITION

| Name and Address | Clinic User | Board Office | Board Term Expiration | Years of Continuous Board Service | Live or Work in Service Area | Occupation/ Area of Expertise | Race/Etnicity |
|---|---|---|---|---|---|---|---|
| | ☐ Yes<br>☐ No | | Mo / YY | _____ thru _____<br>MM/YY MM/YY | ☐ Live<br>☐ Work | | |
| | ☐ Yes<br>☐ No | | Mo / YY | _____ thru _____<br>MM/YY MM/YY | ☐ Live<br>☐ Work | | |
| | ☐ Yes<br>☐ No | | Mo / YY | _____ thru _____<br>MM/YY MM/YY | ☐ Live<br>☐ Work | | |
| | ☐ Yes<br>☐ No | | Mo / YY | _____ thru _____<br>MM/YY MM/YY | ☐ Live<br>☐ Work | | |
| | ☐ Yes<br>☐ No | | Mo / YY | _____ thru _____<br>MM/YY MM/YY | ☐ Live<br>☐ Work | | |
| | ☐ Yes<br>☐ No | | Mo / YY | _____ thru _____<br>MM/YY MM/YY | ☐ Live<br>☐ Work | | |
| | ☐ Yes<br>☐ No | | Mo / YY | _____ thru _____<br>MM/YY MM/YY | ☐ Live<br>☐ Work | | |
| | ☐ Yes<br>☐ No | | Mo / YY | _____ thru _____<br>MM/YY MM/YY | ☐ Live<br>☐ Work | | |