

With permission from NALBOH

### **MODEL BOARD CANDIDATE INTERVIEW FORM**

Please fill in the responses of each board candidate; then compare his or her qualifications based on the established criteria.

Name of Candidate: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### **Qualifications needed:**

List any past or present involvement with this board:

What knowledge do you have about this agency, its history, philosophy, programs, services.

What experience have you had on other boards?

Would you briefly describe what you believe our mission to be?

What is your belief about service to the community?

What do you understand the responsibility of a board of health member to be?

If asked, would you accept appointment to the board? Why or why not?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_