



Thank you for your interest in serving on the Aviva Health (Umpqua Community Health Center) Board of Directors. We are looking for dedicated and enthusiastic Board members to help carry out the mission of Aviva. It is people like you who will help us grow and strengthen our organization as we serve our patients with the highest level of care.

The Aviva Health Board of Directors has a limited number of open positions at any given time and often may need a skill set for an open position. In the event you are not selected for a Board position, we hope that you'll consider serving as a member on one of our committees.

Please review the history of Aviva and complete the Board application.

Thank you again, and we look forward to hearing from you!

Sincerely,

The Aviva Health Board Governance Committee

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#### **The History of Aviva Health (Umpqua Community Health Center)**

In 1989, a community task force began meeting to discuss the need for health care for the medically underserved in Douglas County. By 1991, grants had been awarded to secure a site located in downtown Roseburg. In 1992, the “Open Door Clinic”, which was staffed by one part-time physician and nurse practitioner, became a reality, and saw 1,241 patients. By 1994, we became an OHP (Oregon Health Plan) provider, and our patient visits increased to 2,088. By 1995, we were seeing over 4,700 patients!

The demand to serve all in need of comprehensive primary health care, regardless of ability to pay, was evident with the steadily increasing number of patients requesting services; therefore, we applied for a Bureau of Primary Health Care (BPHC) grant. The efforts were rewarded with the granting of funds and the designation of Federally Qualified Health Center (FQHC) status in 1999. The turn of the century was met with moving to a larger Roseburg location, the opening of a satellite clinic in Glide and the opening of a dental clinic in the Roseburg office in 2003. By 2006, we had changed our name to Umpqua Community Health Center (UCHC) and provided 17,934 patient visits! In 2009, we opened a satellite location in Myrtle Creek, then in 2010 opened the new Roseburg clinic, with a Sutherlin clinic following in 2014. Aviva also serves high school students through best practice recognized School Based Health Center (SBHC) which is located at Roseburg High School.

Today, Aviva employs more than 350 employees. Aviva services include medical, dental, family planning and reproductive health, behavioral health, health education, and assistance navigating the health care system, among other services. We are supported by local, state, and federal government support, private foundation grants, corporate sponsorships, and philanthropic donations. Aviva accepts all health insurances and has a sliding fee scale for self-pay patients. Aviva is a Federally Qualified Health Center and Douglas County’s only Tier 5 Patient-centered Primary Care Home – the highest designation offered by the Oregon Health Authority – providing not only high-quality clinical care, but a variety of support programs and resources to help patients achieve their health goals.

## **Aviva Health Clinic Locations**

### **Roseburg Clinic - Main Campus**

150 NE Kenneth Ford Dr.  
541-672-9596

### **Sutherlin Clinic**

775 Taylor Rd  
541-459-3788

### **Myrtle Creek Clinic**

790 S Main Street  
541-860-4070

### **Glide Clinic**

20170 N. Umpqua Hwy  
541-496-3504

### **Roseburg High School**

**School-Based Health  
Center** 400 W. Harvard  
541-492-2055

### **North County Clinic**

316 West A Ave.  
Drain, OR 97435  
541-804-1717

### **Myrtle Creek Dental**

244 Division Street  
541-492-2088

## **Board of Directors**

The organization is governed by a Board of Directors, which is the principal policy-making body of the health center. Because of our FQHC status designation, the Board of Directors is expected to meet certain federal requirements. One such requirement is that the majority of the clinic's Board of Directors be consumers of the clinic system. This is met by immediate family or themselves being patients of Aviva Health. This ensures that, collectively, the members of the Board adequately represent the demographics of the patients served.

## **Application Instructions**

The Board of Directors and Leadership team are excited to hear from individuals interested in being considered for appointment to Aviva Health's Board of Directors. If you have an interest in serving on the Aviva Health Board of Directors, we ask that you complete the application form and return it to the Board of Directors by email to: [dthomas@umpquachc.org](mailto:dthomas@umpquachc.org) or by mail c/o Daleen Thomas, Aviva Health, 150 Kenneth Ford Drive, Roseburg, OR 97470.



# Aviva Health

## Board/Volunteer Application

*"Umpqua Community Health Center (UCHC) dba Aviva Health is an independent, not-for-profit organization that cares for the people of Douglas County by providing quality, compassionate, accessible, and affordable health care."*

Today's Date

How did you hear  
about this opportunity?

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### Contact Information

Name

Address

Preferred Phone

Type

Other Phone

Type

Other Phone

Type

E-mail Address

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Please share what  
you know about  
Aviva Health?

Please tell us  
why you would like to  
become involved with  
Aviva Health:

**What specific skills or  
experience do you bring  
to Aviva Health?**

**Please check all that  
apply to you.**

<input type="checkbox"/> Banking	<input type="checkbox"/> Business	<input type="checkbox"/> Education
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Finance	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Governance	<input type="checkbox"/> Health Care	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Labor Relations	<input type="checkbox"/> Legal Affairs	<input type="checkbox"/> Managed Care
<input type="checkbox"/> Philanthropy	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Social Services
<input type="checkbox"/> Other	<input type="text"/>	

**Which Board/Volunteer Committees would you be interested in serving on?**

- Board Governance
- Fundraising/Events
- Quality Management

- Facilities
- Human Resources

- Finance
- Marketing/Outreach

**Have you served on a Board before?**

Yes     No

**Have you worked at Aviva within the past 2 years?**

Yes     No

**If yes, where? Please tell us a little about your Board experience and/or employment with Aviva Health.**

**Please list any Aviva Health Board Members and/or Aviva Health employees that know you and may serve as a reference for you. If not applicable, please write none.**

**In lieu of answering employment, community, and education experience, you may attach a resume or bio containing pertinent information about yourself that would be helpful to the Board of Directors.**

**Employment Experience:**

**Organization/Community Experience:**

**Education (high school, college, trade school or other training):**



**The information below helps determine whether your presence on the Board of Directors would satisfy the governance requirements of an FQHC. This information is optional and will not disqualify you from consideration as a Board Member.**

**Do you presently derive any income from the healthcare industry?**  Yes  No

**Have you or a member of your household obtained care from Aviva Health within the past 2 years?**  Yes  No

**Are you a Veteran?**  Yes  No

**Gender**

**Are you Hispanic or Latino?**  Yes  No

**Please indicate how you identify yourself. (Select one or more)**

American Indian or Alaskan Native  Asian  
 Black or African American  Native Hawaiian/Other Pacific Islander  
 White

**Year of Birth**

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#### **Statement of Interest:**

#### **Background Checks**

We conduct the following background checks on all prospective Board Members:

- A state and national criminal background check,
- A Social Security Number trace,
- A sex offender registry check, and
- An OIG LEIE (Office of Inspector General/List of Excluded Individuals/Entities) check.

By signing this Application, you consent to Aviva Health conducting the above-listed background checks.

To complete the background checks, please provide us with the following information:

- Your last, first, and middle name
- Any other names by which you have used.
- Your date of birth
- Your Social Security Number
- Your current address

The information you provide will allow us to conduct the background checks as well as the information we receive from those checks will only be shared with the Board and will otherwise be held in the strictest confidence.

#### **Conflicts of Interest**

The Board Bylaws and the Aviva Health Conflict of Interest Policy have specific conflict of interest provisions. You must disclose any conflicts, whether real or perceived, in the Conflict-of-Interest Questionnaire.

1. Directors, when met with a conflict of interest, shall inform the Compliance Officer, the Board President, and the Chief Executive Officer, of the nature of the actual conflict and recuse themselves from participating as a Director in any discussion or debate on the issue out of which the actual conflict arises or from voting on the issue or otherwise participating in the transaction which is a basis for the conflict unless otherwise determined in the Conflict of Interest Management/Mitigation Plan.
2. If a director has a conflict of interest that has not been previously disclosed or mitigated, then that Director must declare the conflict at the time of the topic discussion. It is the Director's responsibility to ensure the conflict is recorded in the minutes. **The Director is not allowed to debate or vote on the issue.**

3. No Director shall participate in any corporate activity in which any of the following has a direct or substantial financial interest:
  - a. The Director or relative of the Director.
  - b. Any business in which the Director is currently employed, consulting, or serving on the Board of Directors, or has been employed or served in the two previous years.
  - c. Any business in which the Director is negotiating for or has an arrangement or understanding concerning prospective ownership, interest, or employment therewith.
4. Any Director who has a direct or substantial financial interest in any corporate matter shall disclose the actual or potential interest in writing to the Board President and the Chief Executive Officer prior to any action on the matter. The Director will recuse themselves and leave for that portion of the Board meeting.

I agree and understand that by providing this information, I am merely expressing an interest in potential Board membership and that this form is not binding on myself or Umpqua Community Health Center (UCHC) dba Aviva Health in any way. I understand that, by submitting this form, I agree to be interviewed and considered as an interested board candidate.

I understand that Board members serve voluntarily (non-paid). I understand that a Board term is 2 years, and I believe that, at this time, I could make such a commitment. I understand the expectation that Board members will attend at least 80% of all monthly Board meetings (usually held on the fourth Wednesday of every month beginning at 7:00 am, meetings are approx. two hours) in a calendar year and participate as a member of at least one standing Board Committee.

I further agree and understand that, if I am presently a patient of Aviva Health, my potential Board membership publicly identifies me as a patient of Aviva Health to members of Aviva Health's current Board and other Aviva Health staff who may review this form. Thus, any and all other health information regarding my medical care at Aviva Health remains confidential and protected. I, therefore, accept this disclosure and do not hold Aviva Health responsible for this limited disclosure.

Lastly, I have read and will support the mission of Umpqua Community Health Center: "Umpqua Community Health Center (UCHC) dba Aviva Health is an independent, not-for-profit organization that cares for the people of Douglas County by providing quality, compassionate, accessible, and affordable health care."

Signature

Date:

Thank you for your interest in Aviva Health. Should you have any questions, please call 541-672-9596 extension 436.

Please print the completed application and submit it to the Board of Directors by email to: [dthomas@umpquachc.org](mailto:dthomas@umpquachc.org), by mail to: C/O Daleen Thomas, Aviva Health, 150 Kenneth Ford Drive, Roseburg, OR 97470.  
541-672-9596 Ext 436.