



San Joaquin County Clinics  
500 West Hospital Road • French Camp • CA 95231 • (209) 468-6372

**To: Interested San Joaquin County Residents and Clinic Patients**

**Re: San Joaquin County Clinics Board Members**

The San Joaquin County Clinics are seeking interested and energetic clinic patients and County residents to serve on a community board to guide the development and expansion of County Primary Care Clinics. To maintain and enhance services to patients, including parents and guardians of minor patients, and community members who reflect the population we serve; therefore, it is necessary to gather some additional information about your age and ethnicity.

The Board meets monthly, and Board members will also serve on a Board Subcommittee. Please review the attached information about the role and responsibilities of the board. If interested, please complete the attached application and supplemental information.

Please submit your application to:

**Ambulatory Care Services  
San Joaquin County Clinics  
P.O. Box 1020  
French Camp, CA 95201**

Or to:

**Clerk of the Board  
44 N. San Joaquin Street, Suite 627  
Stockton, CA 95202**

*County employees or family of County employees are not eligible for service on the SJCC Board*



SAN JOAQUIN COUNTY  
BOARDS, COMMISSIONS & COMMITTEES  
COMMITTEE FACT SHEET

<b>NAME:</b>	<b>SAN JOAQUIN COUNTY CLINICS (SJCC) BOARD</b>
<b>COMPENSATION:</b>	None. Members of this board are required to file annual Conflict of Interest Disclosure Statements.
<b>LEGAL AUTHORITY:</b>	Board of Supervisors Board Order B-10-839, August 31, 2010; Applicant/Co-Applicant Agreement, Board Order A-12-458, November 6, 2012; Federally Qualified Health Center Look-Alike Guidelines and Application PIN 2009-06, dated September 22, 2009; IRS Code Section 501 c (3); Articles of Incorporation, dated September 30, 2010; SJCC Bylaws, adopted June 27, 2011, revised October 29, 2013 and February 26, 2019
<b>MEMBERSHIP QUALIFICATION AND RESIDENCY:</b>	<p>The County Clinics Board consists of eleven members All members must be San Joaquin County residents and lawful U.S. residents.</p> <p>Applicants must complete an Application Addendum as required by federal regulations.</p> <p><b>Six</b> (user members) must be representatives of the patient populations in the community health centers/clinic system. The Board must always have, at minimum, 51% of their members who are clinic users.</p> <p><b>Five</b> (non-user members) shall be individuals who possess expertise in community affairs, finance and banking, legal affairs, and other commercial and industrial concerns, and are capable of providing leadership in the community. No more than one-half of the Community members may derive more than 10 percent (10%) of his or her annual income from the health care industry.</p> <p>The Board of Supervisors may recommend candidates for membership to the SJCC Board.</p> <p>No member may be a County employee, or immediate family member of an employee of the County Clinics, nor may they have a financial interest which would constitute a conflict of interest.</p>
<b>TERM:</b>	The term of office for members of the Board shall be, except as provided below, three (3) years and until a successor has been designated and qualified. Terms shall end either on June 30 or December 31, whichever date is closer to the director's anniversary. There shall be no limit on the number of terms a director may serve.





**APPLICATION FOR APPOINTMENT  
TO BOARDS/COMMISSIONS/COMMITTEES**

**INSTRUCTIONS:** Please complete each item below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For more information or assistance, contact the Clerk of the Board of Supervisors Office. The Clerk’s office maintains eligible applications for a period of one year for consideration of appointment to Boards, Commissions, or Committees.

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

\_\_\_\_\_  
BOARD/COMMISSION/COMMITTEE FOR WHICH YOU ARE APPLYING

\_\_\_\_\_  
CATEGORY FOR WHICH YOU ARE APPLYING *Check if you are currently the incumbent:*

MR. \_\_\_ MS. \_\_\_ \_\_\_\_\_  
FIRST NAME MI LAST NAME

\_\_\_\_\_  
HOME ADDRESS CITY/STATE/ZIP  
*Length of Residence: \_\_\_ Years \_\_\_ Months*

DISTRICT # : \_\_\_

\_\_\_\_\_  
MAILING ADDRESS (if different from Home) CITY/STATE/ZIP

\_\_\_\_\_  
EMAIL CONTACT PHONE NUMBER

\_\_\_\_\_  
EMPLOYER JOB TITLE

HOW DID YOU LEARN OF THE OPENING? \_\_\_\_\_

\_\_\_\_\_  
BRIEFLY STATE YOUR EXPERIENCE THAT YOU FEEL WOULD BE HELPFUL FOR THE  
CATEGORY FOR WHICH YOU ARE APPLYING:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BRIEFLY STATE THE PROFESSIONAL AND/OR OTHER COMMUNITY ORGANIZATIONS TO WHICH YOU BELONG:

---

---

---

---

**EDUCATION:** \_\_\_\_\_

---

1. Are you an employee or officer of the County, any City in the County, the State, or the Federal government?  Yes  No

*If yes, please specify employer or office:* \_\_\_\_\_

---

2. Have you ever been convicted of a felony which could disqualify you from appointment?  Yes  No

*If "Yes", please list the nature of the conviction and the date and court in which the conviction was entered.* \_\_\_\_\_

---

3. Are you related by blood or marriage to any employee or officer of an agency which is subject to the Board, Committee or Commission to which you are seeking appointment?  Yes  No

*If yes, please specify:* \_\_\_\_\_

---

4. Are there any facts of which you are aware that would cause you to have an actual or apparent conflict of interest with respect to the position to which you are seeking appointment?  Yes  No

*If yes, please specify:* \_\_\_\_\_

---

5. Confirm you meet the minimum qualifications to serve on the committee for which you are applying and are available to attend meetings regularly.  Yes  No  
Qualifications and meeting information is listed on the Fact Sheet available at the Clerk of the Board office and on the website at [www.sjgov.org](http://www.sjgov.org).

If you are appointed, you may be required to be bonded for your performance. If you are appointed and cannot be bonded as required, your appointment will be revoked.

---

**APPLICANT SIGNATURE**

**DATE**

**MAIL TO**  
Clerk of the Board  
44 N. San Joaquin Street, Suite 627  
Stockton, CA 95202

If you have any questions, you may call the Clerk of the Board Office at (209) 468-2350.

**Application Addendum**

**San Joaquin County /San Joaquin County Clinics Board**

Membership on the San Joaquin County Clinics (SJCC) Board, by federal regulation, requires the majority of the members be patients of the clinic system and that collectively, members adequately represent the demographics of patients served in terms of race/ethnicity, gender and economic status. This information is required in order to accept an application for board membership, and incomplete applications will not be considered.

Gender:                       Male     Female

Race/Ethnicity (Select one)

- White
- Black/African American
- American Indian & Alaska Native
- Hispanic or Latino
- Asian/Pacific Islander

For prospective board members who are clinic patients:

Have you obtained medical care from San Joaquin County Clinics within the previous 2 years?

Yes     No

If yes, at what clinic are you a patient? (Check all that apply):

- Family Medicine Clinic, French Camp
- Primary Medicine Clinic, French Camp
- Healthy Beginnings, French Camp
- Healthy Beginnings CA St, Stockton
- Family Practice Clinic CA St, Stockton
- Children's Health Services CA St, Stockton
- SJCC Hazelton Clinic, Stockton
- SJCC Manteca Clinic, Manteca

I agree and understand that my potential board membership publicly identifies me as a patient of the San Joaquin County/ San Joaquin County Clinics. Any and all other health information regarding my medical care at SJC/SJCC remains protected and confidential. I, therefore, accept this disclosure, and do not hold the SJC/SJCC responsible for this limited disclosure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please note: Service on this board requires annual disclosure of potential conflicts of interest