**Kootenai Health Board of Trustees Candidate Questionnaire**

Kootenai Hospital District dba Kootenai Health is committed to transparency and accountability. This questionnaire was developed by the Board to ensure voters have the information needed to make an informed decision. Completion of this questionnaire is a requirement. Responses will be posted on the Kootenai Health web site. Please return the fully completed questionnaire to Kootenai Health by email to Michela Seth at mseth@kh.org. If you would like to have a photograph of yourself posted on the Kootenai Health web site also, please email a .jpeg or .pdf to mseth@kh.org with your completed questionnaire.

Your Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list the high school and all colleges/universities you have attended. For higher education, please describe your area of study and the degree you received, if any.

ANSWER:

1. Please identify your current employers and all employers over the past 5 years.

ANSWER:

1. Do you hold, or have you ever held, a publically elected or appointed position? If yes, please describe.

ANSWER:

1. Have you, or one of your family members, ever worked for Kootenai Health? If so, please describe.

ANSWER:

1. Why are you interested in becoming a Trustee of Kootenai Health?
ANSWER:
2. Please describe your prior leadership experience.

ANSWER:

1. Please state whether you currently serve on, or have previously served on, a board. If so, please identify the company or group, dates served and board responsibilities.
ANSWER:
2. Do you have any experience in finance, accounting, business operations or health care? If so, please explain.
ANSWER:
3. Please describe any thoughts you have on improving access to health care in our community.

ANSWER:

1. Please describe any additional health care services you feel our community needs?

ANSWER:

1. Do you see any challenges with completing a 6 year term as a Trustee and attending monthly meetings to transact hospital district business?

ANSWER:

1. Are you employed by, have an ownership interest in, or hold a leadership position in a hospital, ambulatory surgery center or health system? If yes, please explain.

ANSWER:

13. Do you have any other commitments or relationships that may conflict or interfere with acting in the best interests of the hospital district? If yes, please explain.

ANSWER: