



**Summit
Pointe**

175 College Street, Battle Creek, MI 49037

Dear Interested Applicant:

Thank you for expressing interest in serving as a member on the Summit Pointe Board of Directors. The Board of Directors governs the overall execution of Summit Pointe's mission, which is "mental health providers dedicated to making life work."

Board members are appointed by the Calhoun County Board of Commissioners for three- year terms that begin on April 1 of the year of appointment. Board members' responsibilities include, at a minimum, learning the organization's business operations and finances, and active participation at regular and special meetings of the Board. Members are also encouraged to participate on Board Committees. Board membership requires time and energy. Candidates, therefore, are urged to consider their personal priorities and availability before submitting an application.

To apply for a Board member position, submit the enclosed Application for Appointment and Authorization for Release of Information to:

Summit Pointe
c/o Helen Royal
175 College Street
Battle Creek, MI 49037

If you are selected by Summit Pointe as a candidate for a vacant Board seat, we may require additional information and disclosures from you before formally submitting your name to the Calhoun County Board of Commissioners.

Thank you again for your interest in Summit Pointe.

Sincerely,

Jean M. Goodrich
Chief Executive Officer

P:269/966-1460

F:269/966-2844

website: www.summitpointe.org

SUMMIT POINTE

APPLICATION FOR APPOINTMENT • BOARD OF DIRECTORS

Personal Information

Full Name	Date of Birth:	Date:
Home Address:		
City, State, Zip:		
Email:	Cell Phone:	Fax:
Referred By:	Referral Phone#:	
Occupation:	Employer:	
Years in Current Position:	Supervisor Name/Contact#:	
If employed, is your employer supportive of your Board service?		
Degrees, Certifications, other (e.g., MD, Teaching Certificate, RN, etc.):		

Prior and Current Civic/Community Board Service

Please list all activities including Boy Scouts, Volunteer Fireman, City Council, etc. Use Additional sheets as necessary.

References

Name:	Years known:	Contact #:
Company:	Relationship:	
Name:	Years known:	Contact #:
Company:	Relationship:	
Name:	Years known:	Contact #:
Company:	Relationship:	

The Summit Pointe Board of Directors is committed to excellence of the Summit Pointe Community Mental Health Authority through effective governance of Summit Pointe. Potential Board Members should be aware of the time and personal commitment necessary to serve on the Board.

Please attach a copy of your resume/curriculum vitae to the back of this form and return it to:

Nominations - Helen Royal
Summit Pointe
140 W. Michigan Avenue
Battle Creek, Michigan 49017

AUTHORIZATION FOR RELEASE OF INFORMATION

As a condition of my participation on the Summit Pointe Board of Directors and as evidenced by my signature below, I hereby authorize Summit Pointe to obtain or its agent to obtain and furnish information to Summit Pointe related to my criminal background. I consent to providing my fingerprints if required in connection with the criminal background check. I hereby release Summit Pointe and all its agents and employees, and all persons, agencies and entities furnishing information or reports about me, including law enforcement agencies, from all claims or liability resulting from the furnishing of this information to Summit Pointe. I certify that I will report in writing any charges or conviction, excluding misdemeanor offenses punishable only by fine, occurring after the date of this authorization to Summit Pointe's Board Chair or CEO.

PERSONAL INFORMATION

Full Legal Name: _____

Maiden Name (if applicable): _____

Current Home Address:

Date of Birth: _____

Gender: _____

Race: _____

Signature:

Dated: __/__/__

CONFLICT OF INTEREST ANNUAL DISCLOSURE FORM AND ACKNOWLEDGMENT
Board of Directors, Officers and Employees

Purpose of this Form

The Conflict of Interest Policy adopted by the Board of Directors of Summit Pointe requires annual disclosure of certain Interests. It is not uncommon to have these interests, but you are required to make them known to Summit Pointe.

Use this questionnaire to disclose where you or your Family Members have certain affiliations, interests or relationships, and/or have taken part in transactions that, in light of your relationship with Summit Pointe, might possibly give rise to an actual, apparent or potential conflict of interest.

Instructions for completing this Form

1. Please read the Conflict of Interest Policy and know the definitions for terms in this Form.
2. Answer all questions. Please do not leave any question blank if the correct response is “no”.
3. **For purposes of this Form, the definition of “Family Member” is extremely inclusive.** “Family Member” includes a brother, sister, parent, grandparent, child, grandchild or great grandchild of you or your spouse.
4. Where this Form refers to “you,” it is also referring separately to each Family Member. Your response should indicate whether you are disclosing an Interest of you or of a Family Member (and, in the case of a Family Member, the nature of your relationship with that Family Member).
5. Disclose all potential Conflicts of Interest that currently exist, even if you previously reported them.
6. Complete the questionnaire, date it and sign the affirmation at the end of the document.
7. All Conflicts of Interest that could have a financial impact on Summit Pointe will be reported to the Corporate Compliance Committee for review.
8. All employee personal conflicts of interest that are not a financial conflict of interest, will be reviewed by the HR Director and Compliance Officer.

You must report any relationship that creates a potential Conflict of Interest that occurs between now and the completion of the next annual Conflict of Interest Annual Disclosure Form and Acknowledgment. Any potential conflicts of interest that arise after the questionnaire has been completed should be immediately reported to the Compliance Officer and the Human Resources Director.

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CAUTION: May contain privileged and confidential information not subject to FOIA.

CONFLICT OF INTEREST DISCLOSURE FORM AND ACKNOWLEDGMENT

NAME:

I. Position (Board Member/Officer/ Employee)

A. I hold the following positions(s) and/or have the following relationship(s) with Summit Pointe:

II. OUTSIDE INTERESTS

A. Do you or any Family Member hold, directly or indirectly, an ownership or investment interest in any entity that does business with Summit Pointe?

No Yes – Explain in Part VI-Page 5

B. Do you or any Family Member hold, directly or indirectly, a compensation arrangement with any client, business entity, vendor, provider, contractor or consultant that does business with Summit Pointe? (*Examples: compensation for employment or independent contractor services, consulting fees, board stipends or fees, advisory committee fees, honoraria, etc.*)

No Yes – Explain in Part VI-Page 5

C. Do you or any Family Member hold, directly or indirectly, a director, trustee, officer or board committee position with any other business entity that does business with Summit Pointe?

No Yes – Explain in Part VI-Page 5

D. Do you or any Family Member have any personal loans, advances or other indebtedness to or from any client, business entity, vendor, provider, contractor or consultant who also does business with Summit Pointe? (*Note: You may exclude charge cards and personal or mortgage loans at market rates from financial institutions*)

No Yes – Explain in Part VI-Page 5

CONFLICT OF INTEREST ANNUAL DISCLOSURE FORM AND ACKNOWLEDGMENT
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E. Do you or any Family Member provide managerial, consultative or other services to or on behalf of any other client, business entity, vendor, provider, contractor or consultant that does business with Summit Pointe?

No Yes – Explain in Part VI-Page 5

F. Do you or any Family Member employ or otherwise retain any Summit Pointe personnel for work on non-Summit Pointe business done outside of Summit Pointe?

No Yes – Explain in Part VI-Page 5

II. OUTSIDE INTERESTS (CONTINUED)

G. If you are employed by Summit Pointe, have you accepted assignments outside of the Summit Pointe either as an employee or as an independent contractor, or employee over and above your primary or full-time/part-time assignment with Summit Pointe?

No Yes – Explain on Page 5

If yes, does Summit Pointe have a contract or vendor relationship with the other agency/business?

No Yes – Explain on Page 5

***Reviewed by Human Resources

I. Have you or any Family Member been a party to any action, suit or proceeding during the past five years that might be deemed material to evaluating your ability, your integrity or your interests with respect to Summit Pointe?

No Yes – Explain in Part VI-Page 5

J. Do you or any Family Member know of any recent or pending actions, suit or proceeding in which you have an interest adverse to the interests of, or are a party adverse to Summit Pointe?

No Yes – Explain in Part VI-Page 5

K. Have you or any Family Member received services through one of Summit Pointe's programs in the last five years?

No Yes

If yes, will your position require that you have access to protected health information through the use of paper records, electronic medical records system, billing systems, etc.?

No Yes

Please list names of the individuals receiving services in Part VI-Page 5

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Board of Directors, Officers and Employees

III. INSIDE ACTIVITIES

A. Have you or any Family Member attempted to influence Summit Pointe concerning the employment or retention of any immediate family member or other individual with whom you have a business or personal relationship? No Yes – Explain in Part VI-Page 5

B. Do you or any Family Member have any personal loans, advances or other indebtedness owed to Summit Pointe? No Yes – Explain in Part VI-Page 5

C. Is any Summit Pointe director, officer, employee, consultant, contractor or business associate a Family Member? No Yes

If yes, please specify name and relationship: _____

D. Are you or a Family Member an employee of any Summit Pointe director, officer, employee, consultant, contractor or business associate? No Yes

If yes, please specify employer(s): _____

E. Do you or a Family Member have a written contract with any Summit Pointe director, officer, employee, consultant, contractor or business associate? No Yes

If yes, please specify name and relationship: _____

IV. GIFTS, GRATUITIES AND ENTERTAINMENT

A. Have you or any Family Member accepted gifts, gratuities or other favors from any client, business entity, vendor, provider, or consultant under circumstances from which someone might think that such action was intended to influence you in the performance of your duties on behalf Summit Pointe? *Note: This does not prohibit the acceptance of reasonable items of nominal value that are and not related to any particular transaction or activity when the value of such entertainment or items does not exceed Twenty-Five Dollars (\$25.00).*

No Yes – Explain in Part VI-Page 5

B. Have you or any Family Member accepted any gifts, gratuities, favors or benefits valued in excess of Twenty-Five Dollars (\$25.00) from any client, business entity, vendor, provider or contractor, or consultants of Summit Pointe?

No Yes – Explain in Part VI-Page 5

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V. OTHER

Do you or a Family Member have any other interest, activities, investments or involvement that you think might be relevant for full disclosure of all actual, apparent or possible conflicts of interest?

No Yes – Explain in Part VI-Page 5

VI. IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ON THE CONFLICT OF INTEREST DISCLOSURE FORM, YOU MUST COMPLETE THIS SECTION:

List the question number and describe the Conflict of Interest exception(s) in detail. Explain how you intend to manage or resolve the disclosed Conflict of Interest exception(s). Attach additional pages as necessary.

VII. AFFIRMATION

I hereby state that:

1. I have received a copy Summit Pointe’s Conflict of Interest Policy.
2. I have read and understand the Conflict of Interest Policy.
3. I agree to comply with the Conflict of Interest Policy.
4. I agree to report to the Compliance Officer any change in the responses to each of the foregoing questions that may result from changes in circumstances that may develop before the completion of my next annual Conflict of Interest Disclosure form.
5. I agree to report to the Compliance Officer any further financial interest, situation, activity, interest or conduct that may develop before completion of my next annual Conflict of Interest Disclosure form.
6. The information contained in this Conflict of Interest Disclosure form is true and accurate to the best of my knowledge and belief as of the date below.

Signed: _____

Date: _____

Print Name: _____

CONFLICT OF INTEREST ANNUAL DISCLOSURE FORM AND ACKNOWLEDGMENT
Board of Directors, Officers and Employees

Conflict of Interest Review

Name: _____

Position: _____

Internal Review:

No Conflicts Reported _____ (No Committee Review Needed)

Personal Conflict: _____

Financial Conflict: _____

HR Review date: _____ (Employee- Personal Conflicts Only)

CCC Review date: _____

Waiver granted by BOD (Y/N): _____ Date: _____

HR Director Signature: _____ Date: _____

Compliance Officer Signature: _____ Date: _____

Notes:
