



Application for Board of Directors Appointment

The Soledad Community Health Care District Board of Directors is accepting applications from interested community members to fill a current vacancy on the Board. The appointed Director will serve pursuant to Government Code §1780 and District policy.

Applicant Information

Full Name: _____

Home Address: _____

City/State/ZIP: _____

Phone Number: _____

Email Address: _____

Eligibility Requirements

To be eligible, applicants must:

- Be a registered voter
- Reside within the boundaries of the Soledad Community Health Care District
- Not be employed by the District

Are you a registered voter residing within the District? Yes No

Are you currently employed by Soledad Community Health Care District? Yes No

Relevant Experience

Please describe your background and any experience (personal, professional, volunteer, or civic) that prepares you to serve on the Board. You may attach a resume or CV if desired.

Interest in Serving

Please briefly explain why you are interested in serving on the Board of Directors and what you hope to contribute to the Soledad Community Health Care District.

Availability

Are you able to attend regular Board meetings (monthly) and special meetings as needed?

Yes No

Are you able to serve for the remainder of the current term? Yes No

Conflict of Interest

Do you or any immediate family members have any financial interest in, or serve as a consultant, vendor, or contractor for, the District?

No

Yes – Please explain: _____

Signature

I certify that the information provided is true and complete to the best of my knowledge. I understand that this application is public record.

Signature: _____

Date: _____

SUBMIT COMPLETED APPLICATION TO:

Attn: Sophie Piña
Soledad Community Health Care District
612 Main Street Soledad, CA 93960
Email: soledadhealthcare@schcd.com
Phone: 831-223-4431

Deadline to Apply: 12:00 P.M. (noon) on Wednesday, February 11, 2026