



UNITED INDIAN HEALTH SERVICES, INC.

**DECLARATION OF APPOINTMENT NOMINEE
As "Indian Community Representative" Member to UIHS Board of Directors**

1. Complete the following required personal information below as Appointment Nominee. PRINT NEATLY

Name _____

Physical Address _____ Mailing Address _____

City, State, ZIP _____

Phone (_____) _____ - _____ Email _____

Date of Birth (Month) _____ (Day) _____ (Year) _____

2. DECLARATION

I, _____, a resident of _____ in Area _____, do hereby declare to UIHS Board of Directors that I meet the qualifications as an "Indian Community Representative" Member from my Area as indicated below (Please check the appropriate box) as set forth in Section 6 of the UIHS Election Policy:

- Area 1 In and around Del Norte County
- Area 2 In and around Orick, Trinidad, McKinleyville, Blue Lake
- Area 3 In and around Arcata, Eureka, Table Bluff, and all points south (within Humboldt- County)
- Area 4 In and around Hoopa and Willow Creek
- Area 5 In and around Weitchpec, Johnsons, and Orleans

In order to fulfill the qualifications of the Election Policy Section 13.1. I hereby authorize the Election Committee (Committee) or their designee to perform an appropriate background check and excluded parties screening as defined in definitions Election Policy, Section 13.

I hereby declare that information that I have provided herein is true and correct to the best of my knowledge, information, and belief. I further acknowledge and accept that if I provide to the Committee any false information relevant to the Committee's determination of my nomination, I will not be eligible as a nominee in the appointment process.

Signature: _____ Date _____

Return this form to: ELECTION COMMITTEE
UNITED INDIAN HEALTH SERVICES, INC.
PO BOX 4238
ARCATA CALIFORNIA 95518

IMPORTANT: All nominees must return this form to the Election Committee via the U. S. Post Box address before February 5, 2019.

SECTION 13 – APPOINTMENT PROCESS TO FILL VACANT TERM POSITION AFTER A GENERAL ELECTION

13.1. Qualifications of Appointment Nominees.

All appointment nominees must meet the criteria for membership as an Indian Community Member as set forth in Article VI. of the UIHS Bylaws. Any Indian Community Member may be qualified as an appointment nominee to the UIHS Board of Directors provided the following qualifications are met (See Section 13.1.):

- 13.1.1. Must be an American Indian registered for the services provided by United Indian Health Services, Inc.;
- 13.1.2. Must be eighteen years (18) of age or older on or before the date of the Board of Directors Election;
- 13.1.3. Must be a resident of the service area of United Indian Health Services;
- 13.1.4. Must reside in the voting area from which the appointment nominee is appointed. In addition, all appointees must continue to reside within their voting area during his or her term (See Section 6);
- 13.1.5. Must not have been convicted of a crime involving “moral turpitude” within the past ten (10) years or removed from the Board within the past ten (10) years. Crimes of “moral turpitude” include embezzlement, theft, perjury, conversion of property, fraud, misappropriation of funds, and other crimes of dishonesty (See Section 6.1.9);
- 13.1.6. Must not owe a Board related debt;
- 13.1.7. Must adhere to, and at all times abide by, the Articles of Incorporation, the Bylaws, Code of Conduct and policies of UIHS;
- 13.1.8. Must agree to criminal background checks, including exclusion screening by the Office of Inspector General and Government Services Administration (OIG/GSA); and
- 13.1.9. Must not have held a position as a UIHS employee at least one (1) year prior to the selection of being an Indian Community Representative and the filing of Declaration of Appointment Nominee pursuant to Election Policy, Section 13.2.

IMPORTANT MESSAGE:

All nominees must return the Appointment Nominee Statement form along with the Declaration of Appointment form by mailing to the UIHS Election Committee at their post office box listed before February 5, 2019.