



# Campbell County Health

An Affiliate of UCHealth

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307-688-1000

[cchwyo.org](http://cchwyo.org)

## Board of Trustees Candidate Application

Date \_\_\_\_\_

Name \_\_\_\_\_  
First MI Last Familiar Name

### Residence

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Employer

Name \_\_\_\_\_

Your Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of business or organization \_\_\_\_\_

Preferred method of contact ( ) Work ( ) Residence ( ) Cell

**Please explain why you want to serve on the CCH Board of Trustees.**

**Have you ever served on a Board or held an elected office? If yes, please list.**

Organization

Role/Title

Dates of Service

Organization	Role/Title	Dates of Service

**Do you have any conflicts of interest with any of CCH's operations, physicians, or Trustees? If yes, please explain.**

**What qualities or experience do you have that would make you an effective Board member?**

**What is the most important issue facing CCH currently?**

**Please return this application to the address below or email to [Jamie.Kay@cchwyo.org](mailto:Jamie.Kay@cchwyo.org) by 5 pm Wednesday, November 20, 2024.**

Alan Stuber, Board Chairman  
c/o Jamie Kay, C-Suite Executive Assistant  
P.O. Box 3011  
Gillette, WY 82717