BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
NOTICE OF VACANCY

Please take notice that Jack (John) Brinner has resigned from the Board of Directors of the Bear Valley Community Healthcare District, effective October 01, 2025. There is now a vacancy on the Board of Directors.

Pursuant to Government Code Section 1780, the Board of Directors may, within 60 days of October 01, 2025, appoint a successor for the office of Director.

Anyone interested in being appointed is required to submit a District approved form questionnaire, setting forth a brief summary of the person's interest, qualifications and background. Blank questionnaires may be obtained by accessing the district's website at www.bvchd.com or by contacting the Administrative Offices using the contact information listed below. Completed questionnaires must be emailed, faxed, mailed or personally delivered to the District offices no later than (**5:00 pm on November 17, 2025)**.

Bear Valley Community Healthcare District
Attn: Administration

Physical Address: 41870 Garstin Dr.
Big Bear Lake, CA 92315

Mailing Address: PO Box 1649
Big Bear Lake, CA 92315

Email: info@bvchd.com

Phone: (909) 878-8214

Fax: (909) 878-8282

Posted this 06 day of October 06, 2025 in the following locations within the District:

1. Bear Valley Community Hospital, 41870 Garstin Dr., Big Bear Lake, CA 92315
2. City of Big Bear Lake: City Hall, 39707 Big Bear Blvd., Big Bear Lake, CA 92315
3. Big Bear City Post Office: 120 W. Country Club Blvd, Big Bear City, CA 92314
4. Sugarloaf Post Office: 501 Maple Lane, Sugarloaf, CA 92386

BEAR VALLEY
COMMUNITY HEALTHCARE DISTRICT

QUESTIONNAIRE FOR APPOINTMENT TO BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT

THIS QUESTIONNAIRE AND ALL INFORMATION SUBMITTED IS A PUBLIC RECORD

Instructions

If you are interested in serving on a special district Board of Directors, please complete this application and return it to the attention of Shelly Egerer, Executive Assistant, via personal delivery, mail, email or fax:

Physical Address: 41870 Garstin Dr.
Big Bear Lake, CA 92315

Mailing Address: PO Box 1649
Big Bear Lake, CA 92315

Email: shelly.egerer@bvchd.com

Fax: (909) 878-8282

Date Due: Completed questionnaires must be received by the District no later than 5:00 PM on November 17, 2025

All candidates are requested to attend a Board of Directors Special Board meeting to be scheduled at 41870 Garstin Drive, Big Bear Lake – Conference Room. Thank you for your interest.

ARE YOU A REGISTERED VOTER WITHIN THE DISTRICT? Yes_____ No_____

NAME:_____AGE (optional):_____

RESIDENCE ADDRESS:_____

BUSINESS OR MAILING ADDRESS:_____

PHONE (DAYTIME):_____ PHONE (EVENING):_____

E-MAIL (optional): _____

EDUCATION			
Institution	**Major**	**Degree**	**Year**

WORK / VOLUNTEER EXPERIENCE				
Organization	**City**	**Position**	**From**	**To**

STATEMENT OF QUALIFICATIONS:

Please briefly describe your qualifications and why you are interested in serving on the Board of Directors.

Years of residence in the Bear Valley Community Healthcare District _____

QUALIFICATIONS: (Stay within space allowed for answers. Do not attach extra pages.)

1. Provide a description of your educational work and/or public service background.

2. Why do you wish to serve on the Board and what do you hope to accomplish?

3. What skills, abilities, and experience would you bring to the Board to assist in carrying out its responsibilities?

4. List your involvement in activities that demonstrate your understanding and support for the health care industry, such as membership on committees/organizations, offices held, volunteer work, and community service.

5. List in order of importance, the major issues that you believe is confronting the health care industry and, specifically, the Bear Valley Community Healthcare District.

6. Explain what you believe to be the mission of the Bear Valley Community Healthcare District.

7. At any time, have you or any family member worked for Bear Valley Community Healthcare District? If yes, please state the name of the person, their title, the years worked and in what capacity.

8. Do you or any family member have any financial relationships with organizations or individuals that do business with Bear Valley Community Healthcare District or are impacted by decisions made by Bear Valley Community Healthcare District? If yes, please explain:

CERTIFICATION:

I hereby certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

_____ _____

Signature Date