



Jefferson County BOARDS and COMMISSIONS

Volunteer Application/Statement of Interest

Name: _____ Date: _____

Mailing Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Employer: _____ Occupation: _____

I am applying to
serve on:

**Jefferson County Board
of Health**

I reside in Commissioner
District Number:

#1
#2
#3

I seek appointment as a nonelected member of the Board of Health in the category(ies) below (check one or both):

- Consumer of Public Health
- Other Community Stakeholder

Explain how and why you satisfy the requirements of the category, providing as many specific examples as you think would be helpful to the Board in considering your application. Please feel free to submit additional materials if you that will also be helpful.

What community activities have you participated in during the past five years?

Please describe how in the past you have demonstrated a commitment to or passion for public health.

Please share why you are you applying for this appointment?

Please share and describe how and why your appointment to the Board would advance the the goal of increasing the diversity of expertise and lived experience on the Board.

In addition to those already described, please tell us what other special skills, knowledge, or experience do you have that would contribute to the Board and its commitment to public health.

Please tell us whether you identify with a historically underrepresented community, describing the community, and how your identification with this community would positively contribute to the Board.

What limitations, if any, are there on the time you would be available for meetings and other activities? How much time are you able to devote to the duties of this Board?

Please share any additional information you would like to provide about yourself:

I understand that this appointment will entail my attendance at meetings and participation in activities of this Board. All of the information on this application is true to the best of my knowledge.

_____ Date

_____ Signature of Applicant

Please return to:	Board of County Commissioners PO Box 1220 1820 Jefferson Street Port Townsend, WA 98368
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