



# 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 "Consumer of Public Health."  
"Consumer of Public Health" means the category of persons consisting of county, or health district, residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs.

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

<b>Please return to:</b>	<b>Board of County Commissioners PO Box 1220 1820 Jefferson Street Port Townsend, WA 98368</b>	<b>Or to:</b>	<b>Glenn Gilbert Jefferson County Public Health 615 Sheridan Street Port Townsend, WA 98368</b>
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**Applications must be received or postmarked by 4:30 p.m. on Friday, June 30, 2023.**