



Cowlitz County Board of Health

Cowlitz County Board of Commissioners

BOARD MEMBER APPLICATION

Application Information

Full name:

Last First M.I.

Date:

Address:

Street address Apt/Unit #

Phone:

City State Zip Code

Email:

Please pick to represent one of the following categories:

- Public Health, health care facilities, and providers
- Consumers of Public Health
- Other Community Stakeholders

Board of Health
Representing:

Public Health, health care facilities, and providers:

Are you practicing or employed in the county or health district as a

- Medical ethicist
- Epidemiologist
- Experienced in environmental public health
- Community health workers
- Holder of master's degree or high in public health or another field with an emphasis or concentration in health care, public health, or health policy
- Employees of a hospital located in the county

Or, do you hold an active or retired license in good standing under Title 18 RCW; specifically, for one of the following:

- Physician or osteopathic physician
- Advanced registered nurse practitioner
- Physician Assistant
- Registered Nurse
- Dentist
- Naturopath
- Pharmacist

If yes, please explain.

Consumers of Public Health:

Are you a county resident who has self-identified as having faced significant health inequities or as having lived experiences with public health-related programs? If yes, please explain.

[Empty text box for response]

Other Community Stakeholders

Do you represent one of the following types of organizations located in the county:

- Community-based organizations or nonprofits that work with the populations experiencing health inequities in the county
- Active, reserve, or retired armed services member
- The business community
- The environmental public health regulated community

If yes, please explain.

[Empty text box for response]

Are you a resident of Cowlitz County?

Yes No

Are you currently serving on other Boards, Commissions, or Committees?

Yes No

If yes, which?

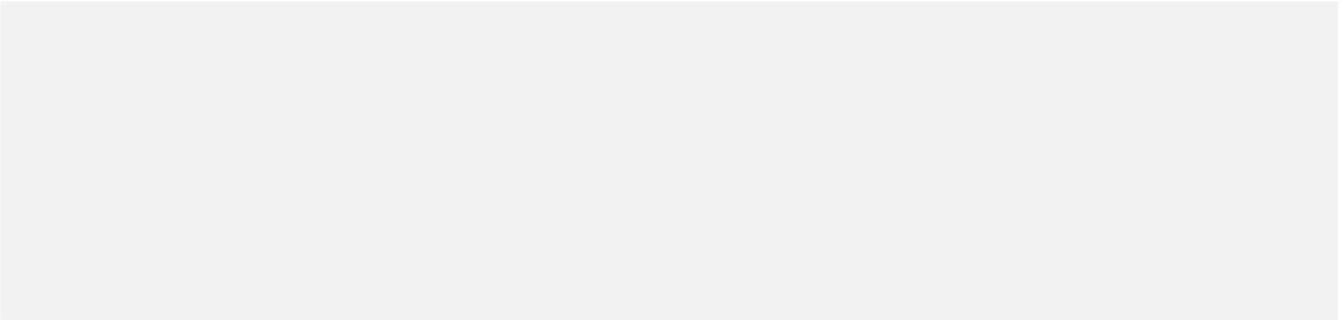
Could you please list any other organization memberships you currently hold and any positions you occupy within those organizations?

[Large empty text box for response]

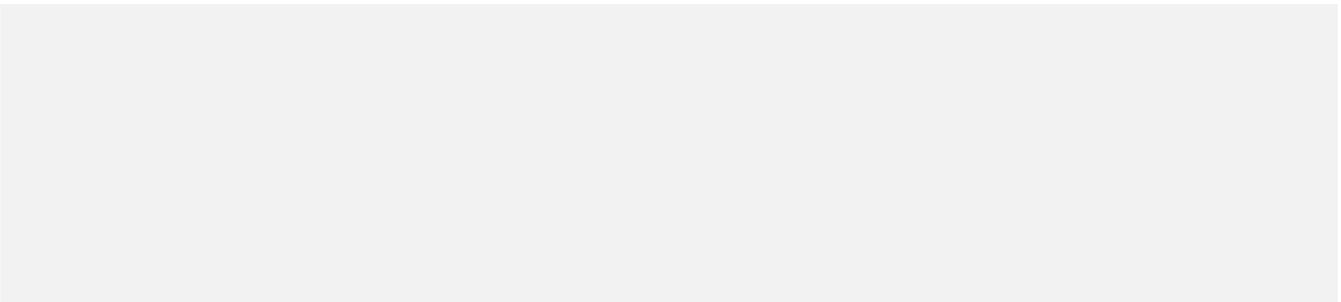
Why are you interested in this position/opportunity?

[Large empty text box for response]

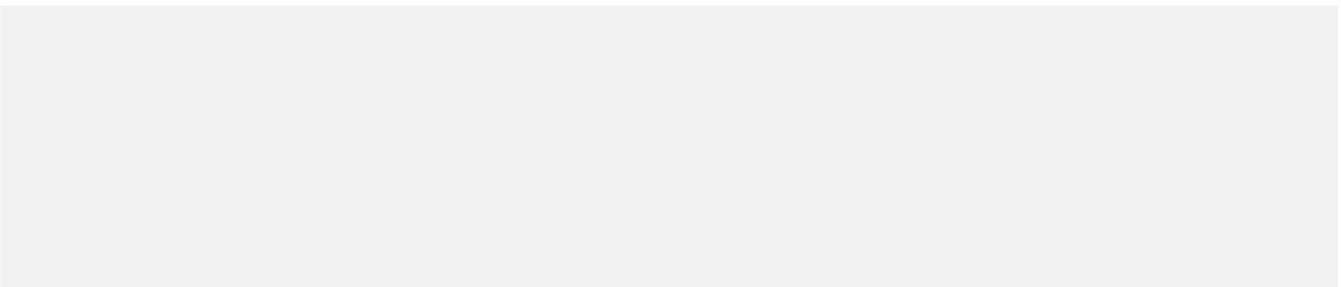
Can you describe your professional background and personal experiences? How do these contribute to a diverse range of expertise and perspectives?



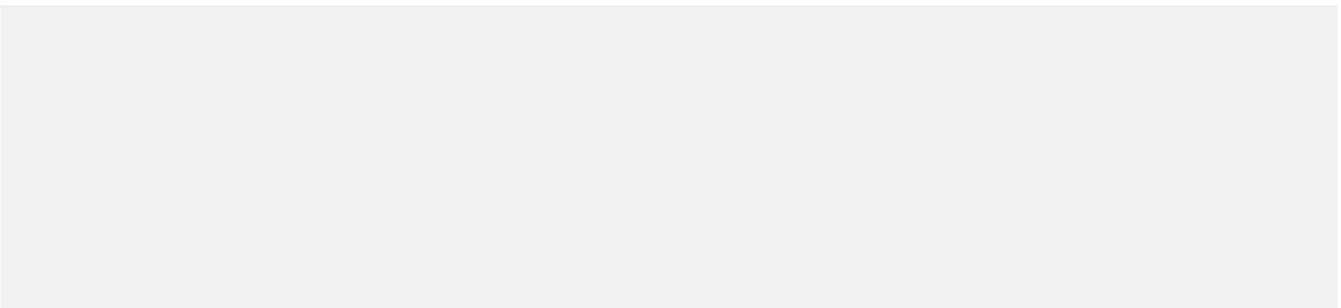
Can you tell us about your background and how your experiences reflect the geographic diversity of our community?



Do you have any personal or professional relationships, affiliations, or interests that could potentially conflict with your duties and responsibilities in this role? If so, please describe them.



Can you share how your professional expertise and personal experiences bring diverse perspectives to our team? How do you believe your background will contribute to our organization's goals and culture?



If you are applying for the Consumers of Public Health position: Do you have any fiduciary obligations to a health facility or other health agency, or hold any material financial interests in the rendering of health services? If so, please provide details.

If you are applying for the Consumers of Public Health position: Do you identify with a historically underrepresented community? If yes, explain below.

Describe your demonstrated commitment to public health:

References

Please list three professional references.

First Name	_____	Last Name	_____
Phone	_____	Email	_____

First Name	_____	Last Name	_____
Phone	_____	Email	_____

First Name	_____	Last Name	_____
Phone	_____	Email	_____

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

Applications can be submitted to the Board of Cowlitz County Commissioners in person or by mail to 207 Fourth Ave. N Kelso, WA or emailed to: cowlitz@cowlitzwa.gov.