

# LEWIS COUNTY PUBLIC HEALTH & SOCIAL SERVICES

## Application for the PHSS Advisory Board

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Work History:

*List any relevant professional experience you have that you feel qualifies you for the position.*

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### Education and Certifications:

*List any relevant education, credentials, training, and/or experience you have that you feel qualifies you for the position.*

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### Volunteer History:

*List any relevant volunteer history, please include any membership(s) in professional/community organizations and advisory boards.*

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### What is your particular interest in the Public Health & Social Services Advisory Board?

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Are there any factors which would cause a potential conflict of interest with your responsibilities as a Board member? If so, please specify:

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### Additional Comments:

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### Representing Sector:

*Please check all sectors that you are interested in representing, you may select more than one option.*

First Responder       Law Enforcement       Tribal Member

Signature: \_\_\_\_\_ Date: \_\_\_\_\_