

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.

Education and Certifications:

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

Volunteer History:

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

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

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

Additional Comments:

Representing Sector:

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

Medical Provider

Signature: _____ **Date:** _____