

LEWIS COUNTY PUBLIC HEALTH & SOCIAL SERVICES
Application for the PHSS Advisory Board

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Present Occupation & Employer: _____

Previous Employment & Experience: _____

Education and Certifications: (List the education, credentials, training, or experience you have that you feel qualifies you for the position for which you're applying) _____

Membership in Professional/Community Organizations (list offices held): _____

Membership in other Advisory Boards (local, regional, or State) _____

What is your particular interest in this Advisory Board? _____

Are there any factors which would cause a potential conflict of interest with your responsibilities as a Board member? Please specify: _____

Comments/Sector representing: _____

Signature

Date