

Application for Wabash County Board of Health Membership

Please complete and return to

Administrator

130 W. 7th Street

Mt. Carmel, IL 62863

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email address: _____

Current Occupation/Employer: _____

Length of Time in your occupation: _____

Have you ever been convicted of any felonies: **NO** **YES (explain):** _____

Please describe why you are interested in serving on the Wabash County Board of Health:

Are you related to any current employees of the Wabash County Health Department or members of the Board of Health? **NO** **YES (explain):** _____

If you were a Board of Health Member, do you foresee any potential conflicts of interest with the Agency, Employees, or Board Members? **NO** **YES (explain):** _____

Would you have any difficulty supporting all Health Department programs including but not limited to: Family Planning Services, Immunization Services, Teen Parent Services, and Mental Health Counseling.

NO **YES (explain):** _____

Do you have any specific education, experience or talents that could benefit the Health Department through your membership? **NO** **YES (explain):** _____

Personal References:

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____