**APPLICATION FOR BOARD APPOINTMENT**

Barton County Administrator’s Office, 1500 Kansas, Great Bend, Kansas 67530

620.793.1800

BARTON COUNTY HEALTH ADVISORY COMMITTEE

Accepting applications until positions are filled.

*The Health Advisory Committee shall provide guidance, recommendations and assistance to the Barton County Health Department staff.*

TERM INFORMATION

With no less than five and no more than nine members, five appointed members shall be from the Allied medical field. At least one member shall be a physician and one from the animal health field. All terms are uncompensated.

\_\_\_\_ Four Full Terms – Expire December 31, 2025 – \_\_\_\_\_ Allied Health, Animal Health, Physician

\_\_\_\_ One Unexpired Term – Expires December 31, 2024

PERSONAL INFORMATION

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION – Level of Education – List any degrees or certifications

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EXPERIENCE – List qualifications and / or experience qualifying you to serve on this Board

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COMMUNITY SERVICE

1. Name, address, phone and contact email of organization

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Community service provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Served as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name, address, phone and contact email of organization

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Community service provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Served as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name, address, phone and contact email of organization

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Community service provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Served as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERENCES - List four (4) references. Include one employer. Relatives may be included.

Name Relationship Cell Email Address

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OTHER INFORMATION

Are you related to anyone currently employed by the agency for which this Board serves? If yes, please list the name and position of the person(s) to whom you are related.

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Are you currently or have you previously worked for the agency for which this Board serves? If currently employed, please explain how you could serve as a Board member and remain in employment without having a conflict of interest. If a past employee, please explain how your relationship ended.

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ACKNOWLEDGEMENT

I understand that by submitting this application, I am certifying that the facts contained in this application are true and complete to the best of my knowledge. If appointed to the board, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained in this application as may be necessary, including an investigation of criminal background. I understand that Barton County is an Equal Opportunity Employer and that no individual will be rejected for any Board appointment because of race, color, religious creed, national origin, sex, age, handicap or marital status. This application for appointment must be an original, signed and dated to be valid. A completed PDF of this form will be accepted. Applications will only be accepted during open application periods.

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Signature Date