

South County Health District

Board/Committee Member Application

Applicant Name: _____ Date: _____

Address: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Are you a resident of our district? _____ Are you a registered voter? _____

Why do you want to serve on the South County Health District Board?

Describe past experiences or positions held that would assist you as a board member.

Outline strengths, abilities and talents that you would bring to the board.

In your opinion, what is the most important role of a board member?

****Attach additional sheets if needed****

If appointed, would you be able to serve the entire term? _____

Please submit your application to:

**Office Manager, Union Family Dental Clinic
142 E Dearborn, PO Box 993, Union, OR 97883
541-562-2222 southcountyhd@outlook.com**