

COUNTY OF WALLA WALLA
STATE OF WASHINGTON
OFFICE OF COMMISSIONER COURT

APPLICATION FOR APPOINTMENT
TO WALLA WALLA COUNTY BOARD OF HEALTH COMMUNITY HEALTH
ADVISORY BOARD (CHAB)

Name: _____

Address: _____

Telephone: _____ (home) _____ (work) _____ (cellular)

Email Address: _____

Occupation: _____

Description of your connection with Walla Walla County, as well as duration: (nonexclusive examples include: resident, user of services, service provider to County residents, employer, business owner):

Please note you must select one or more of the following to provide for equal composition of board members:

Expertise or Experience with:

- Health Care access and quality
- Physical environment, including built and natural environments
- Social and economic sectors, including housing, basic needs, education, and employment
- Business and philanthropy
- Community that experience health inequities
- Government
- Tribal communities and tribal government

and/or

Consumer member with lived experience in any of the listed above.

Consumer of public health services

Community stakeholders, including nonprofit organizations, the business community, and those regulated by public health

Explain how you meet your selection(s) above:

Particular background, special skills, knowledge, or aptitude which you feel would be an asset to the board for which you are applying?

What other board experience, volunteer activities or special interests do you have?

Why are you interested in serving on the Board in which you have indicated an interest?

What limitations, if any, would be placed on the time you would be available for meetings and other activities?

What problems, issues, or concerns do you see facing this particular board, and how would you propose they be addressed?

Additional information you would like considered (optional):

Please feel free to use extra pages if necessary for any answer.

(Date)

(Signature)

Please return completed application to:

**Walla Walla County Commissioners' Office
P. O. Box 1506 (mailing address)
Walla Walla, WA 99362**

OR

***e-mail completed application to:* wwboardcomm@co.walla-walla.wa.us**

Thank you for your interest in Walla Walla County!

WALLA WALLA COUNTY PUBLIC HEALTH AND LEGISLATIVE BUILDING, 314 WEST MAIN
P.O. BOX 1506 • WALLA WALLA, WASHINGTON 99362-0316 • wwcocommissioners@co.walla-walla.wa.us
PHONE: (509) 524-2505 • FAX: (509) 524-2512

District No.1
JENNIFER R. MAYBERRY

District No.2
TODD L. KIMBALL

District No.3
GUNNER FULMER