



**MORROW COUNTY HEALTH DISTRICT**

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## **Morrow County Board of Health Application for Appointment**

### **Serving on a Board of Health**

The Morrow County Board of Health is the governing body for the Morrow County General Health District. The Board is responsible for the fiscal and administrative management of the Health District, for communicable disease control, for enforcement of Ohio environmental public health rules and laws, for development and enforcement of local public health regulations and policies, and for advocacy of policies and programs to improve local public health.

Serving on a local Board of Health is an remarkable responsibility as well as an invaluable way to serve your community. It is both a challenging and a rewarding experience. Board of Health members utilize and develop problem-solving, communication, dispute resolution, accounting, and management skills. The most effective Board members are those who can study an issue, hear opposing arguments, thoughtfully consider the welfare of the public health, and then objectively apply applicable law, rule and policy.

It is important for Board of Health members to approach all decisions free from personal motives or agendas. Board members who have a conflict of interest (e.g. personal, financial, business, and/or organizational) with an issue brought before the Board must abstain from the vote on that issue. Consideration should be given by prospective Board applicants to the other roles and affiliations they have in considering their ability to serve. It is also important that potential Board of Health members understand that as a BOH member, they are considered to be an employee of the District.

The Morrow County Board of Health meets on the third Monday of the month at 6:00 p.m. at the Morrow County Community Services Building, 619 W. Marion Rd., Mt. Gilead. Attendance at monthly meetings is critical to ensure Board members are informed of District operations and to ensure quorum is present to conduct District business.

### **Board of Health Appointments**

Four of the five Board of Health seats are appointed by the District Advisory Council (DAC). The other Board seat is appointed by the District Licensing Council (DLC). The DAC is made up of a representative from each township, village and one County Commissioner. The DLC is made up of representatives of the businesses and individuals licensed by the Health District.

To better inform those considering an appointment to the BOH, would you please complete and submit the following information by Monday, March 05, 2018. The 2018 DAC meeting is scheduled for Thursday, March 15, 2018.

**Morrow County Board of Health  
Application for Appointment**

**General Information**

Name \_\_\_\_\_ Township/Village of Residence \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Education/Degrees/Licensure \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Professional Background**

Current Job Title(s) \_\_\_\_\_

Current Employer(s) \_\_\_\_\_

Please list any *past* jobs and employers relevant to your service on a Board of Health, as well as any jobs and employers that you would like the DAC/DLC to consider in their appointment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any *current* elected public office(s) you hold: \_\_\_\_\_

Please list any *past* elected public office(s) held: \_\_\_\_\_

Please list any *current* Board seats you hold: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Please list any *past* Board seats you hold: \_\_\_\_\_

\_\_\_\_\_

Please list any memberships or volunteer work (with civic groups, non-profit or charitable organizations, etc.) that you would like the DAC/DLC to consider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any past work or involvement you have had with the Morrow County Health District (MCHD):\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (print name), am willing to serve as a Morrow County Board of Health member and believe that I am able meet the responsibilities presented above.

\_\_\_\_\_  
*Signature:*

\_\_\_\_\_  
*Date:*