

MORROW COUNTY BOARD OF HEALTH
APPLICATION for APPOINTMENT



Love Life. Live Healthy.

GENERAL INFORMATION *(Please print legibly):*

Name _____

Township/Village of Residence _____

Address _____

Phone _____ **Alternate Phone** _____

Email Address Required _____

Education/Degrees/Licensure _____

PUBLIC HEALTH BACKGROUND *(Please print legibly):*

Have you ever served as a member of an Ohio Board of Health? YES NO

If YES, list the name of the Board of Health _____

Have you ever served in any capacity for a Board of Health in Ohio or another state? (Circle one):

YES NO

If YES, state the capacity and the name of the Board of Health _____

Have you ever worked at a local or state public health department? (Circle one): YES NO

If YES, name the department and its location: _____

Morrow County Health District is an Equal Opportunity Employer

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PROFESSIONAL BACKGROUND *(Please print legibly):*

Current Job Title(s) _____

Current Employer(s) _____

List any past jobs and employers relevant to your service as a Board of Health member, as well as any jobs and employers that you would like the District Advisory Council to consider in the appointment.

List any current elected public office(s) you hold _____

List any past elected public office(s) you held _____

List any current Board seats you hold _____

List any past Board seats you held _____

List any membership or volunteer work (civic groups, non-profit or charitable organizations, etc.) that you would like the DAC to consider

List any past work or involvement that you have had with the Morrow County Health District

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