

**APPLICATION TO SERVE
ON AN
ISLAND COUNTY ADVISORY BOARD**

Please check the Advisory Board you are interested in serving on:

- Community Health Advisory Board (CHAB)**
- Children's Commission**
- Mental Health Advisory Board**
- Substance Abuse Advisory Board**

Please print and mail your completed application to:

Kerry Graves, Director of Admin. Services
Island County Health Department
PO Box 5000
Coupeville, WA 98239

Phone: (360) 679-7860
South Whidbey: (360) 321-5111 x 7860
Camano: (360) 629-4522 x 7860

If the spaces for responses on the application are not adequate, please feel free to provide additional statements, materials, or information that may better indicate your interest or qualification for serving on the advisory board. Submission of additional information is not a requirement.

Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Home Phone: _____

Work Phone: _____

E-Mail Address: _____

If your home address is different from your mailing address, please list your home address:

Home Address: _____

How long have you lived or worked in Island County?

- Less than a year
- 1-5 Years
- 5-10 Years
- 10+ Years

Please explain any experiences, knowledge, or special interests you have regarding the focus of the board for which you are applying (e.g. health, environmental health, substance abuse, mental health, and/or developmental disabilities).

Please list your occupational background and employment positions and dates. (Show employment for most recent five years of employment.)

Please describe your educational background.

Please list your membership (and roles) in organizations, boards of directors, advisory councils, or commissions.

What concerns do you have about the focus of the board you are applying to serve on (e.g. issue/needs of those with alcoholism or drug problems if applying to the Substance Abuse Advisory Board)?

How do you see your participation of the Board impacting those concerns?

If selected to serve on this particular advisory board, how could your experience, special skills, and personal interests benefit the citizens of our community?

Why do you wish to become a member of this board?

Are you willing to make the time commitment to attend meetings, read materials, and to stay informed about the needs of those with health issues, and work to develop programs to meet those needs? Membership in several of the boards (CHAB, EHAT) will entail participating in committee work, usually about 3 hours total per month. Are you able to make the time commitment necessary to participate at this level? A 70% attendance is required of members on all boards.

_____ YES _____ NO

Please list three references:

If you want more information on becoming a member of the Environmental Health Assessment Team (EHAT), please contact Kerry McDonald by phone at (360) 678-7860 or by e-mail at kerryc@co.island.wa.us

If you want more information about serving on the Community Health Advisory Board (CHAB), please contact Carrie McLachlan, Supervisor, Assessment & Community Development, at (360) 221-8486 or e-mail at carriem@co.island.wa.us

If you have questions about Developmental Disabilities or about serving on the Substance Abuse or Mental Health Boards, contact Jackie Henderson, Human Services Director or Beth Plush, Contract and Support Coordinator for Human Services at extensions:

Phone: (360) 678-7880 (360) 321-5111, ext. 7889 from South Whidbey
(360) 629-4522, ext. 7880 from Camano Island