
Briefly describe the extent of your knowledge or experience in health areas:

List any commissions, advisory boards, etc., you presently belong to:

List any community/civic organization(s) you presently belong to:

Do you currently live or work in the service areas of our clinics? Live Work Both

What is your Ethnicity/Race? _____ Gender? _____

*Please note, Ethnicity/Race and Gender info is used for our Grant Writing purposes *only*.

Should you be appointed, are you willing to file a statement of disclosure as a public official under the standards set forth by the Fair Political Practice Commission?

___ Yes ___ No

Signature of Applicant

Date

Please sign, date and return this form to:
Clinic Services Division
Monterey County Health Department
Attention: Lisa Hughes
1615 Bunker Hill Way, Ste. 140
Salinas, CA 93906
Phone: 831-796-1386