

Board of Health Appointment Application

GCHD is governed by the Grant County Board of Health, which consists of locally elected and appointed county residents representing communities and sectors from across Grant County. The board has broad legal authority and responsibility to protect the public's health and to enforce a variety of local, state, and federal laws and regulations. Their powers are specified in the Revised Code of Washington (RCW 70.05.060).

Thank you for your interest in serving on the Grant County Board of Health. Please complete this brief application in order to provide the Grant County Board of Health and Board of County Commissioners with sufficient information to make an appointment to the Grant County Board of Health. Please note that applications are due to Grant County Health District by April 29, 2022.

NAME: (Mr., Mrs., Ms.) _____

HOME ADDRESS: _____

(Number) (Street) (Apt #)
CITY: _____ ZIP CODE: _____

PHONE NUMBERS: _____ / _____ / _____
(Mobile) (Business) (Other- Specify)

E-MAIL: _____ FAX: _____

NOT CURRENTLY EMPLOYED: YES NO

PRESENT EMPLOYER: _____ FROM _____ TO: _____

DUTIES/RESPONSIBILITIES: _____

GRANT COUNTY RESIDENT: YES ☐ NO ☐ If yes, number of years: _____

Are you available to attend monthly meetings in either Moses Lake or remotely via Zoom, that are scheduled for the second Wednesday of the month at 6:00 pm?

YES ☐ NO ☐

What area of representation are you applying for? (*Please select only one area*):

1. **Public health agency, health care facilities representative or provider:** ☐

"Public health, health care facilities, and providers" means the category of persons practicing or employed in the county or health district who are:

- Medical ethicists
- Epidemiologists
- Experienced in environmental public health
- Community health workers
- Holders of master's degrees or higher in public health or the other field with an emphasis or concentration in health care, public health or health policy
- Employees of a hospital located in the county

Any of the following providers holding an active or retired license in good standing under Title 18 RCW:

- Physicians or osteopathic physicians
- Advanced registered nurse practitioners
- Physician assistants or osteopathic physician assistants
- Registered nurses
- Dentists
- Naturopaths
- Pharmacists

2. A consumer of public health services: ☐

“Consumers of public health” means the category of persons consisting of county or health district residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs.

3. Other Community stakeholder: ☐

“Other community stakeholders” means the category of persons representing the following types of organizations located in Grant County:

- Community-based organizations or nonprofits that work with populations experiencing health inequities in the county.
- Active, reserve or retired armed services members.
- The business community.
- The environmental public health-regulated community.

List any training, education, or experience that you possess that supports the representative area you have selected above.

Describe any additional information you wish to share on why you would be a valuable contributing member of the Grant County Board of Health.

What specifically do you bring to this board and how does that contribute to the overall function of the board?

List and describe any community activities that you have participated in.

Have you ever served on any other board or commission? If so, list the city, state, dates and name of the board or commission:

Board or Commission Name	City	State	Dates of Service



List 3 references who can speak to your qualifications for the desired appointment:

Reference #1:

NAME: _____

ADDRESS: _____

DAYTIME PHONE NUMBER: _____

Reference #2:

NAME: _____

ADDRESS: _____

DAYTIME PHONE NUMBER: _____

Reference #3:

NAME: _____

ADDRESS: _____

DAYTIME PHONE NUMBER: _____

Please be advised, RCW 70.05.060 mandates persons filling certain state and local government offices and positions, including board and commission appointments, complete training regarding the Open Public Records Act within 90 days of election or appointment.

When a vacancy occurs on the board for a position for which you are qualified your application will be provided to the Grant County Board of Health. The board will review and may make a recommendation to the Grant County Board of Commissioner for appointment. The Board of Health or the Board of County Commissioners may desire to conduct an interview.

The selected applicant will fulfill the term of the appointment that was vacated. Grant County Board of Health members will serve a 1–2-year term, which may be extended at the discretion of member and Board of Health.

As an applicant for the above position for the Grant County Board of Health, I hereby waive my right to privacy with respect to the information contained in my application and any supporting documents attached thereto. The Grant County Board of County Commissioner and the Grant County Health District, its officials or employees are authorized to make my application and supporting documents available for public inspection, including inspection by members of the press and media.

Your Signature: _____ Date: _____

Applications are due April 29, 2022. When completed, email the form to tadkinson@granthealth.org. Or mail the form to 1038 W Ivy STE 1, Moses Lake, WA 98837. Applications will be kept on file for one year. If you have any questions about the process or the Grant County Board of Health, email those questions to info@granthealth.org.