



Board of Health Application

Dear Potential Board Member,

We are excited that you are considering joining Two Rivers Public Health Department Board of Health. You will have an important role in shaping and determining its success.

Name: _____

Phone: _____ Email: _____

Address: _____

Employers Name: _____

Title: _____

Address: _____

Type of business or organization: _____

Primary Service(s) and area/population served: _____

Please list any board or communities you currently server on or previously served on (business, civic, community, fraternal, political, professional, religious, social). List your role/title and dates of service:



How do you feel Two Rivers Public Health Department would benefit from your involvement on the board?

Skills/Experience and interest checkboxes:

- | | |
|---|---|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Personnel, Human Resources |
| <input type="checkbox"/> Non-Profit Experience | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Public Relations, Communications |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Fundraising/ Grant Writing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Please list groups, organizations, or businesses that you could serve as a liaison to a behalf of Two Rivers Public Health Department:

Please tell us anything else that you'd like to share that would help determine your potential as a Board Member:



Please describe any barriers you perceive to individual receiving health care:

Please mark two committees you would be interested in serving on:

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Policy |

Please list two references with contact information:

By my signature below, I certify that the information provided in this application, including all statements and documentation, is true and correct and that I am willing and able to completed the duties as Two Rivers Public Health Department Board Member.

Signature of Board Member Applicant

Date

Please Return this form to the Health Director, Two Rivers Public Health Department 516 W 11th ST, STE 108B Kearney, NE 68845

Or email jeschliman@trphd.ne.gov