

KING COUNTY BOARD OF HEALTH APPLICATION FORM



Thank you for your interest in serving on a King County Board of Health. Individuals selected to serve will also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on a King County Board of Health.

PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250).

1) My Name Is:

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2) Preferred Contact Information:

Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
Email Address	

3) Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	
City, State, Zip Code	

4) King County Council District I reside in (Please type an "X" in the box to the right of your district):

You can use this link to [find your district in King County](#).

1 2 3 4 5 6 7 8 9 Don't Know

5) Please explain why are interested in serving on the King County Board of Health and what you see as your contribution to the Board.

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6) Please describe your commitment to and experience with public health and explain how you would provide a diversity of expertise and lived experience to the Board.

7) The King County Board of Health has made a commitment to addressing racism as a public health crisis. Describe how you address institutional racism and how you see your role on the board in addressing racism as a public health crisis?

8) Do you represent one of the below categories? Check all that apply and explain below:

Public health, health care facilities, and providers Consumers of public health Other Community Stakeholders

Please reference the below categories and explain which categories you fit into. Please share if you have specific expertise in environmental health:

Three Categories for Nonelected Members in RCW 70.05.035

Public health, health care facilities, and providers	Consumers of Public Health	Other Community Stakeholders
<p>People practicing or employed in the county who are:</p> <ul style="list-style-type: none"> ▪ Medical ethicists, ▪ Epidemiologists, ▪ Experienced in environmental health, ▪ Community health workers, ▪ Individuals with master's degrees or higher in public health or the equivalent, ▪ Employees of a hospital located in the county, ▪ Any of the following providers holding an active or retired license in good standing: <ul style="list-style-type: none"> ▪ Physicians or osteopathic physicians, ▪ Advanced registered nurse, ▪ Registered nurses, ▪ Physician assistants or osteopathic physician assistants, ▪ Dentists, ▪ Naturopaths, or ▪ Pharmacists. 	<p>County residents who self-identify as:</p> <ul style="list-style-type: none"> ▪ Having faced significant health inequities, ▪ Having lived experiences with public health-related programs such as: <ul style="list-style-type: none"> ▪ Special supplemental nutrition program for women, infants, and children (WIC), ▪ Supplemental nutrition program (SNAP), ▪ Home visiting, or ▪ Treatment services. 	<p>People representing the following types of organizations located in the county:</p> <ul style="list-style-type: none"> ▪ Community-based organizations or nonprofits working with populations experiencing health inequities in the county, ▪ Active, reserve, or retired armed services members, ▪ The business community, or ▪ The environmental public health regulated community.

9) Have you served on any other Board, Commission, or Committee (Please list them below)?

Board, Commission or Committee Names	Year Appointed	Term Expired

10) PERSONAL INFORMATION (OPTIONAL)

The King County Board of Health is committed to inclusiveness and outreach to all King County residents to ensure that the Board reflects the community we serve. Providing information in the section below is voluntary but will assist in achieving this goal.

How do you identify?

Race/Ethnicity:	
Gender:	
Orientation:	
Personal Pronoun: (he/him; she/her; they/them, etc.)	

Do you have a disability as defined by the Americans with Disabilities Act? (Please type an "X" in the boxes that apply to you)

Yes No

11) Conflicts of interest

Please describe any potential conflicts of interest you may have serving on the King County Board of Health.

Agreement and Signature

By submitting this application, I affirm that the information I have provided in this application are true and complete to the best of my knowledge.

Type your name _____

Date _____

Please return completed form to:

You can submit your application and email it to:

Board of Health Administrator
Public Health — Seattle & King County
Email: KCBOHAdmin@kingcounty.gov

If you need this application translated or in alternate formats, please contact:
KCBOHAdmin@kingcounty.gov