



Chelan-Douglas Health District Board of Health Appointment Application

We appreciate your interest in serving on the Board of Health for the Chelan-Douglas Health District (CDHD). Please complete this brief form to help provide the Chelan and Douglas Boards of County Commissioners with sufficient information to make an appointment to the CDHD Board of Health.

Please note that applications are due to the health district by Jan. 10, 2022.

Please Print Clearly:

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

HOME ADDRESS: _____
(Number) (Street) (Apt #)

CITY: _____ ZIP CODE: _____

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

E-MAIL: _____ FAX: _____

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

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

Are you available to attend monthly meetings scheduled for the third Monday of the month at 3 p.m.?

Yes ☐ No ☐

A. 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:

- a. Medical ethicists
- b. Epidemiologists
- c. Experienced in environmental public health
- d. Community health workers
- e. 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
- f. Employees of a hospital located in the county

g. 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
Or 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 the county or health district:

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

B. Please list any training, education or experience that you possess that supports the representative area you have selected above:

C. Please describe any additional reasons you have for wishing to serve on the Chelan-Douglas Health District Board:

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

E. Please furnish two references who can speak to your qualifications for the desired appointment:

REFERENCE #1

NAME: _____

ADDRESS: _____
(Zip Code)

DAYTIME PHONE NUMBER: _____

REFERENCE #2

NAME: _____

ADDRESS: _____
(Zip Code)

DAYTIME PHONE NUMBER: _____

F. 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 Selection Committee. The Committee will review and may make a recommendation to the Boards of County Commissioners for Chelan and Douglas counties for appointment. The Selection Committee or the Board of Commissioners may desire to conduct an interview.

As an applicant for the above position for the Chelan-Douglas Health District 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 Chelan and Douglas Boards of County Commissioners and the Chelan-Douglas 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 Jan. 10, 2022. When completed, email the form to careers@cdhd.wa.gov. Or mail the form to 200 Valley Mall Parkway, East Wenatchee, WA, 98802. Applications will be kept on file for one year. If you have any questions about the process or the Chelan-Douglas Health District Board of Health, email those questions to careers@cdhd.wa.gov.