



San Juan County Board of Health

P.O. Box 607
 Friday Harbor, WA 98250
 (360) 370-7517

APPLICATION FORM

Thank you for your interest in serving on San Juan County Board of Health. The Board of Health is the governing body for San Juan County Health & Community Services. The Board establishes the policy framework for the agency and is responsible for adopting local health related ordinances and resolutions. Non-elected members to the Board are appointed by the County Council as a whole, and not by individual Council members. Your responses to questions on this application will be used to guide the Board of Health selection committee and Council in their selection. Please use additional sheets to respond to questions you feel need additional comment. The questions regarding potential conflict of interest will not disqualify anyone from service, however, it is necessary to identify possible conflicts. Please be aware that once submitted all information on this form becomes public information, with the exception of the residential address and telephone numbers.

Please be advised that on August 24, 2021 the San Juan County Council unanimously adopted Resolution 23-2021 establishing COVID-19 vaccinations as a condition of employment or volunteer service to the County. In order to protect the health and safety of our employees and all the people who live with them, and to protect the public who depend on our employees to provide vital services, members of advisory committees are required to show proof of vaccination.

Please return the completed form to: San Juan County Board of Health, P.O. Box 607, Friday Harbor, WA 98250. For more information, contact the Health & Community Services Director at (360) 370-7517 or markt@sanjuanco.com.

APPLICANT INFORMATION		
Last Name	First	M.I.
Address		PO Box/Unit #
City	State	ZIP
Phone	Business Phone	
Mobile	E-mail Address	
Are you a San Juan County resident?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Council District

AVAILABILITY TO ATTEND MEETINGS	
Daytime	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Evening
	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>

CURRENT OCCUPATION		
Occupation	Phone ()	
Address	City	State

AREA REPRESENTING (CHECK ALL THAT APPLY – MAY CHECK MORE THAN ONE)

- Public Health, health care facilities, health care provider
- Consumer of Public Health (i.e. having lived experiences with public health related programs or self-identified as having faced significant health inequities)
- Other Community Stakeholder (Select appropriate sector below)
 - Community-Based Organization or Nonprofit
 - Active, Reserve, or Retired Armed Services Member
 - The Business Community
 - The Environmental Public Health Regulated Community

PREVIOUS OCCUPATIONAL BACKGROUND

EDUCATION AND/OR TRAINING

PROFESSIONAL ACTIVITIES

COMMUNITY ACTIVITIES

ADDITIONAL INFORMATION

Have you previously served on a San Juan County advisory or decision-making body? YES NO If yes, please explain.

Why are you interested in serving on the Board of Health?

Not including this committee, what are your primary interests in County government and services?

CONFLICT OF INTEREST

It is crucial to have a balanced citizen advisory committee with all stakeholders and community viewpoints represented. To avoid any potential conflict of interest or questions about the appearance of fairness, please list each organization which you serve in a decision-making capacity, your position, and its mission.

Organization | Position

Mission

Organization | Position

Mission

Organization | Position

Mission

Do you or any of your family members work for or serve on the board of any organization which contracts with San Juan County? Do you anticipate any future involvement of this kind in the future? If yes, please describe the relationship.

Are you related to any elected County official or staff member? If yes, please explain.

Are you involved in any personal, professional or business pursuit that would affect your ability to make fair and impartial recommendations or decisions as a member of this citizen advisory committee?

Is there any additional information that you would like the Council to consider in evaluating your application?

DISCLAIMER AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Signature | Date

POLICY REGARDING APPOINTMENTS TO COUNTY ADVISORY COMMITTEES

The County Council's policy regarding the process of appointment of members to county advisory committees/boards/commissions is as follows;

1. All vacancies and positions with expiring terms on county committees will be advertised in local media and on the county website. Such advertisements will be posted at least two weeks prior to Council appointments to fill any vacancies.
2. All candidates for committee appointments will be San Juan County voters. This requirement can be waived by the Council when appropriate.
3. Committees may make recommendations to the Council for new appointments and reappointments. However, the Council will consider all applicants for vacancies.
4. Committee members whose terms will expire may reapply for appointment. Committees may also make recommendations to the Council for reappointments. However, reappointments will not to be automatic or assumed, as the Council will consider all applicants for vacancies.
5. Applicants may be interviewed by the Council.
6. The final decision on selection appointments will be made by the County Council.
7. This policy statement shall be given to all committee applicants.

This Policy was approved and signed on Tuesday, April 7, 2009. The original document is retained in the Council's permanent proceedings file and can be made available upon request.