



Public Health
Prevent. Promote. Protect.

Knox County Health Department

**Knox County Community Health Clinic
APPLICATION TO SERVE ON THE GOVERNANCE BOARD**

Name

Address

City, State, Zip Code

Phone Number

E-mail Address

Employer

Describe any related experience, volunteer or employment that you have:
(Attach your resume if you have one available)

Explain why you are interested in participating as a Governance Board member:

Describe any area(s) of expertise or how you feel you may contribute as a Board member:

Please list any other volunteer commitments you have at this time:

Are you related to anyone currently employed by the Knox County health Department, if yes, who?

Do you, or does your child, currently use the Knox County Community Health Clinic as your primary source of health care?

Do you require any sort of assistance in order to be able to participate as a Governance Board member?
(Babysitting, Transportations, Interpretation, Etc.)

For Board Use Only

Nominee has had a personal meeting with the Public Health Administrator, Board President, or other Health Department Director. **Date of Meeting:** _____.

_____ Nominee reviewed by the Recruitment Committee. **Date Reviewed:** _____.

_____ Nominee attended a Governance Board meeting and was interviewed by Board member(s).
Date Attended: _____.

_____ **Action taken by Board:** _____.