



# ASOTIN COUNTY PUBLIC HEALTH

102 1<sup>st</sup> STREET | P.O. BOX 306. ASOTIN, WASHINGTON 99402  
PHONE: (509) 243.3344 | FAX (509) 243.3345 | [www.asotincountypublichealth.org](http://www.asotincountypublichealth.org)

**OPEN BOARD OF HEALTH POSITION:** A Consumer of Public Health Services

This category consists of county residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs such as: The special supplemental nutrition program for women, infants, and children; the supplemental nutrition program; home visiting; or treatment services. It is strongly encouraged that individuals from historically marginalized and underrepresented communities are given preference. These individuals may not be elected officials and may not have any fiduciary obligation to a health facility or other health agency, and may not have a material financial interest in the rendering of health services.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street/Physical; not PO Box)

(Apt #)

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Mobile)

(Business)

(Other- Specify)

E-Mail: \_\_\_\_\_

Currently Employed:  NO  YES

Present Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Asotin County resident:  NO  YES; Number of years: \_\_\_\_\_

Are you able to attend monthly meetings in either Asotin, WA or remotely via Zoom, that are scheduled for the last Monday of the month at 1:00 PM?  NO  YES

List any training, education, or experience you have had that relates to this Board position.

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Describe why you would be a valuable contributing member of the Asotin County Board of Health.

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What specifically do you bring to this Board and how does it contribute to the overall function of the Board? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about volunteer time or community activities you have been a part of that relate to Public Health.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served on any other Board or Commission?  NO  YES

If "yes", please list the name of the board or commission, the location, and the dates you served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list 3 people who can tell us more about how you would be a good fit for this Board position:

**Reference # 1**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State /Zip: \_\_\_\_\_

**Reference # 2**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State /Zip: \_\_\_\_\_

**Reference # 3**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State /Zip: \_\_\_\_\_

Please note that RCW 70.05.060 mandates that people who fill certain state and local government offices and positions, including board and commission appointments, must complete training regarding the Open Public Records Act within 90 days of election or appointment.  
The Public Health Administrative team will review all Board applications for this position and make recommendations of qualified applications to the Asotin County Board of Commissioners for appointment. The Board of Health or the Board of County Commissioners may desire to conduct an interview.  
The selected applicant will be expected to fulfill the term of the appointment that is open, which may be

up to 2 years, and may be extended at the discretion of the new board member and the Board of Health.

As an applicant for the above position on the Asotin County 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 Asotin County Board of County Commissioners/Board of Health and Asotin County Public 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: \_\_\_\_\_

The "Consumer of Public Health Services" Asotin County Public Health Board member application  
Needs to be completed and submitted by June 24, 2022

<http://www.asotincountypublichealth.org/board-of-health.html>

You can mail this completed application to  
PO Box 306, Asotin, WA 99402 or  
email it to [achd@ac-hd.org](mailto:achd@ac-hd.org)

Incomplete applications will be discarded on application due date.

Completed applications will be kept on file for one year.

If you have questions about this process or the Asotin County Board of Health, please call

(509) 243-3344

or email those questions to [achd@ac-hd.org](mailto:achd@ac-hd.org)