



Board of Health Member Application

Application Due (Wednesday November 22, 2023)

Related Materials: [BoH Expansion | Thurston County \(thurstoncountywa.gov\)](#) and [Board of Health | Thurston County \(thurstoncountywa.gov\)](#)

Name: _____

Mailing Address:

Address

City

State

Zip Code

Cell Phone: _____ Email: _____

Primary Area of Employment: _____

1. Please check the following boxes to certify that you:

- ☐ Are a resident of Thurston County
- ☐ Can commit time (approx. 2-4 hours/ month for 3 years) to serve on this board

2. In what part of Thurston County do you live?

3. List any educational background and/or area of study:

4. Please check the following categories of which you identify (select all that apply):

- ☐ An individual from a historically marginalized and under-represented community
- ☐ An individual who has faced significant health inequities or has lived experiences with public health related programs such as the supplemental nutrition program for women, infants, and children, treatment services, or home visitation services
- ☐ An elected official (state position(s) and dates holding office _____)
- ☐ An active, reserve, or retired armed services member
- ☐ An individual who represents community-based organizations or nonprofits that work with populations experiencing health inequities in the county
- ☐ An individual who represents the business community
- ☐ An individual who represents the environmental public health regulated community
- ☐ A medical ethicist
- ☐ An epidemiologist
- ☐ An individual with experience in environmental public health or the equivalent
- ☐ A Community Health Worker



- ☐ Master's degree or higher in public health or the equivalent
- ☐ Employee of a hospital located in the county
- ☐ Provider holding an active or retired license in good standing under [Title 18 RCW 246-90-010](#):
 - ☐ Physician or Osteopathic Physician
 - ☐ Advanced Registered Nurse Practitioner
 - ☐ Physician Assistant or Osteopathic Physician Assistant
 - ☐ Registered Nurse
 - ☐ Dentist
 - ☐ Naturopath
 - ☐ Pharmacist

5. Please provide any experience you have, current or past, serving on other local boards or commissions. Include dates and duties of service. We encourage residents to apply even if you have no prior experience serving on a board or commission. We encourage people of all backgrounds to apply, including people of color, immigrants, refugees, women, LGBTQ, people with disabilities, veterans, and those with diverse life experience.

6. Why are you applying to serve as a member of the Board of Health?

7. Describe any special skills, knowledge, or experience you have that would contribute to the Board and its role in the preservation, promotion, and improvement of public health.

8. What are your top 3 issues relating to the health of the community?



9. BIPOC, people living with disabilities, LGBTQAI+ individuals, immigrants & refugees, individuals experiencing homelessness, military veterans, individuals impacted by the justice system and other marginalized populations are among those likely to access services provided by Thurston County.

If you identify with a historically marginalized or underrepresented community, describe how this lens would contribute to the Board of Health

Signature: _____ Date: _____

Return completed form to:
Jamie Caldwell, Clerk of the Board
Jamie.Caldwell@co.thurston.wa.us
Thurston County Commissioners Office
3000 Pacific Ave SE, Olympia WA 98501-8809



Conflict of Interest

1. Applicants are required to disclose **any potential conflicts of interest**. Thurston County requires all work to be conducted in a way that does not allow personal interests to conflict with the duty to serve the public. Please respond to the following:

- a. Do you or any of your family members work for, own, or serve on a board of any entity that contracts, receives funding from, or does business with Thurston County? Do you anticipate any future involvement of this kind in the future? If yes, please describe the relationship.

- b. Are you related to any Thurston County elected or appointed official or county employee? If yes, please explain.

- c. 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 the board of health?

- d. List and describe any other potential conflicts of interest.

2. Applicants representing [*consumers of public health](#) 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. Describe all work, participation, or financial interests (including community property interests) you have in any health care facility, health agency, or the rendering of health services.

**Consumers of public health: 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.*



(OPTIONAL) Demographic Information

***Note: listed information may be subject to public disclosure**

Personal Information

Thurston County is committed to inclusiveness and outreach to all Thurston County residents to ensure that Thurston County boards and commissions are reflective of the community we serve. Providing information in the section below is voluntary but will assist in achieving this goal.

a. How do you identify?

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

b. 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 ☐

c. Generation Range (Please type an "X" to the right of the age range that applies to you):

30 or younger	<input type="checkbox"/>	31-41	<input type="checkbox"/>	42-52	<input type="checkbox"/>	53-63	<input type="checkbox"/>	64-74	<input type="checkbox"/>	75 or older	<input type="checkbox"/>
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