



## Yakima Health District Board of Health Appointment Application

We appreciate your interest in serving on the Board of Health for the Yakima Health District. We ask you to complete this brief form to help provide the Board of Health with sufficient information to make an appointment to the Yakima Health District Board of Health.

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**A. Please Print Clearly:**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Number	Street	Apt.	City	Zip Code
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PHONE NUMBERS: \_\_\_\_\_

Mobile	Business	Other (Specify)
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E-MAIL: \_\_\_\_\_

YAKIMA COUNTY RESIDENT:  YES  NO If Yes, number of years \_\_\_\_\_

Are you available for our monthly meetings the last Wednesday of the month at 8:30a.m?  YES  NO

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**B. Please list any training, education or experience that you possess that benefits a member of the board role:**

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**C. Special reasons for wishing to serve on the Yakima Health District Board of Health:**

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

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

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

F. Please be advised, WAC 42.30.205 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.



**As an applicant for the above position for the Yakima 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 Yakima 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: \_\_\_\_\_

Please return completed form to the Yakima Health District,  
1210 Ahtanum Ridge Drive, Union Gap, WA. 98903  
or email: [victoria.reyes@co.yakima.wa.us](mailto:victoria.reyes@co.yakima.wa.us).  
Applications will be kept on file for one year.  
(If you have any questions, please call 509-249-6549)

For more information about the [Yakima Health District Board of Health](#).