

KNOX COUNTY HEALTH DEPARTMENT

Board of Health

Member Application



I hereby apply for a seat on the Knox County Board of Health:

| | |
|--------------------------------------------|------|
| Name: | |
| Home Address: | |
| Town: | Zip: |
| Home Phone: | |
| E-mail: | |
| Employer: | |
| Position: | |
| Business Address: | |
| Town: | Zip: |
| Business Phone: | |
| Number of Years as a Knox County Resident: | |

Relevant Experience and/or Employment (attach a resume if relevant):

List Memberships in Other Organizations:

Personal Interest in Public Health Issues Include:

Additional Comments:

Please complete and return to Kathy Crafton, Director of Human Resources, at Knox County Health Department (kcrafton@knoxcountyhealth.org).