



BOARD APPLICATION

Date:

Name:

Address:

Phone:

Email:

Note: Appointed board members must have at least 1 contact method displayed publicly on our website so that they can be reached with questions from the public at large regarding the position.

List only phone OR

List only email OR

List both

Name of the Board you are interested in serving on:

How long have you been a resident of Tooele County?

Educational and/or Professional experience, as relating to the position for which you are applying:

Why do you want to serve on this board?

Have you previously served on this board?

YES

NO

If yes, when did you serve and for how long?

Do you have a referral or recommendation?

Are you currently serving on any other boards?

YES

NO

YES

NO

If yes, from whom?

If yes, which board?

Are you applying to:

If yes, are you willing to vacate your current board position for this new one?

Fill a midterm vacancy

YES

NO

Yes, for:

Start a new term

N/A, or not sure

Is there anything else you'd like to tell the Council about yourself prior to a decision being made?

Please continue filling out
questions on next page

BOARD OF HEALTH

County statutes require that members comply with special stipulations prior to applying.

I am a resident of Tooele County.

I am NOT employed by the Tooele County Health Department.

If applicable, I come recommended from the following government entity:

I have a background in the following field of interest or industry:

Professional Health Provider (ie. Doctor, nurse, dentist, hospital admin, etc)

Addressing general public health and environmental issues

Addressing health issues of ethnic minorities, senior citizens, the disabled, low-income individuals, women, and/or youth.

Thanks for your interest in serving!

If selected, you will be contacted by our office.

**If not, your application will remain on file for 1 year
for future consideration.**

**Please save the application and email submissions to:
tooelecountyboard@tooeleco.org**