

**APPLICATION FOR A VOLUNTEER BOARD OF HEALTH**



**MEMBER TO BE APPOINTED BY THE  
BOARD OF SUPERVISORS**

---

NAME

ADDRESS

OCCUPATION

ADDRESS AT WORK

HOME/CELL PHONE

BUSINESS PHONE

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

EDUCATION: \_\_\_\_\_

---

**LIST NAMES OF BOARDS OR COMMISSIONS IN ORDER OF PREFERENCE:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**WHY DO YOU WISH TO SERVE ON THIS BOARD?**

**WHAT QUALIFICATIONS DO YOU FEEL YOU HAVE?**

**DO YOU HAVE ANYTHING ELSE TO ADD?**

**PLEASE SUBMIT COMPLETED APPLICATION TO:** JASPER COUNTY BOARD OF HEALTH  
JASPER COUNTY HEALTH DEPARTMENT  
116 W 4th St South  
NEWTON, IOWA 50208

**OR EMAIL TO:** COUNTYNEWS@STORYCOUNTY.COM

***THANK YOU FOR YOUR INTEREST IN SERVING JASPER COUNTY.***