

# KNOX COUNTY HEALTH DEPARTMENT

## Board of Health Member Application

Please include a copy of your resume if you have one; and indicate the best way to contact you.

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

NAME \_\_\_\_\_

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

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ EXTENSION \_\_\_\_\_

NUMBER OF YEARS AS A KNOX COUNTY RESIDENT \_\_\_\_\_

**List Memberships in Other Organizations:**

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**Personal Interest in Public Health Issues Include:**

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**Additional Comments on why you want to serve on the Board of Health:**

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**Applicant Signature:** \_\_\_\_\_

**Please return form via, mail, fax, or email to:**  
**ATTENTION: Tina Jockisch, Administrative Assistant**  
Knox County Health Department  
1361 West Fremont Street ■ Galesburg, Illinois 61401  
**Or via email at**  
[tjockisch@knoxcountyhealth.org](mailto:tjockisch@knoxcountyhealth.org)