

# **INFORMATION AND QUALIFICATION FORM**

# **Wasco County Board of Health**

VOLUNTEER POSITIONS WASCO COUNTY, OREGON

#### BACKGROUND

The District Board of Health is the policy making body of the District in implementing the duties of local departments of health under ORS 431.416, The District Board of Health adopts rules necessary to carry out its policies. A District Board may, with the permission of the counties involved, adopt schedules of fees for public health services reasonably calculated not to exceed the cost of the service performed.

## APPLICATION

Please provide personal qualifications for this specific volunteer position. Supplementary information may be attached. Please, do not provide confidential information.

Name:	
Address:	
Phone (home)	Phone (work)
E-mail address:	
Signature:	
	Number of years as a Wasco County resident:
Your objectives/goals?	Desired contributions and accomplishments?

## WASCO COUNTY BOARD OF HEALTH APPLICATION

Education (school, college, training, apprenticeships, degrees, etc.)

	Date(s):
	Date(s):
	Date(s):
	Date(s):
Experience (work, volunteer	ing, leadership roles, achievements etc.)
	Date(s):
	Date(s):
	Date(s):
	Date(s):
General Comments/Additior	al Relevant Information
Send completed form to:	Wasco County 511 Washington Street, Suite 101 The Dalles OR 97058 (541) 506-2520 (541) 506-2551 (fax)