



Yakima Health District Board of Health Appointment Application

We appreciate your interest in serving on the Board of Health for the Yakima Health District. We ask you to complete this brief form to help provide the Board of Health with sufficient information to make an appointment to the Yakima Health District Board of Health.

A. Please Print Clearly:

NAME: (Mr., Mrs., Ms.) _____

HOME ADDRESS: _____
Number Street Apt. City Zip Code

PHONE NUMBERS: _____
Mobile Business Other (Specify)

E-MAIL: _____ FAX: _____

YAKIMA COUNTY RESIDENT: YES NO If Yes, number of years _____

Are you available for our monthly meetings the last Wednesday of the month at 8:30a.m? YES NO

B. Please list any training, education or experience that you possess that benefits a member of the board role:

C. Special reasons for wishing to serve on the Yakima Health District Board of Health:



D. Have you ever served on any other board or commission? If so, please list the city, state, dates, and name of board or commission:

E. Please furnish two references who can speak to your qualifications for the desired appointment:

NAME: _____

ADDRESS: _____
Zip Code

DAYTIME PHONE NUMBER: _____

NAME: _____

ADDRESS: _____
Zip Code

DAYTIME PHONE NUMBER: _____

F. Please be advised, WAC 42.30.205 mandates persons filling certain state and local government offices and positions, including board and commission appointments, complete training regarding the [Open Public Records Act](#) within 90 days of election or appointment.

When a vacancy occurs on the board for a position for which you are qualified, your application will be provided to the Selection Committee. The Committee will then make a recommendation to the Board for appointment. The Selection Committee or the Board of Health may desire to conduct an interview.

As an applicant for the above position for the Yakima Health District Board of Health, I hereby waive my right to privacy with respect to the information contained in my application and any supporting documents attached thereto. The Yakima Health District, its officials, or employees are authorized to make my application and supporting documents available for public inspection, including inspection by members of the press and media.



Your Signature: _____ Date: _____

Please return completed form to the Yakima Health District,
1210 Ahtanum Ridge Drive, Union Gap, WA. 98903
or email: ryan.ibach@co.yakima.wa.us.
Applications will be kept on file for one year.
(If you have any questions, please call 509-249-6521)

For more information about the [Yakima Health District Board of Health](#).