



## Island County Community Health Advisory Board Member Application

### Applicant Information

**For nearly 30 years the Island County Community Health Advisory Board (CHAB) has been a forum for the health and wellbeing of all Island County residents. As the voice of the community, CHAB advises the Island County Board of Health (BOH) to ensure community needs are considered in local health policies. CHAB engages in outreach, conducts assessments, and seeks input from all walks of life to make this a better place for generations to come.**

1. Name

2. Home Address

3. Five-digit zipcode

4. Mailing Address

5. Phone Number

6. E-Mail Address:



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### Demographics

CHAB is committed to honoring and representing the diverse community we serve. Recruitment is done in a way to assure diversity and representation from marginalized communities. As a governmental advisory group, CHAB membership must meet specific requirements.

•It should include members with expertise, work experience and/or consumer experience in: **healthcare, environment, social and economic, business, government, tribal, and communities that experience health inequities.**

•It should include members community-based organizations, non-profits, business.

\* 7. What is your role in Island County? Check all that apply:

Resident of Island County

Employed in Island County

8. How long have you lived in Island County?

Less than 1 year

10+ years

1 - 5 years

I do not live in Island County

5-10 years

9. What is your race or ethnicity?

Asian

Black or African American

Hispanic or Latino

Middle Eastern or North African

Multiracial or Multiethnic

Native American or Alaska Native

Native Hawaiian or other Pacific Islander

White

Another race or ethnicity, please describe below

Self-describe below:



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## Specifications

10. Please select at least one sector/group you best represent and then check the type of experience you have with each sector/group you selected

	Expertise	Career Experience	Personal/Consumer Experience
Healthcare Access & Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Environment (built & natural)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social & Economic sectors (housing, basic needs, education, employment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business / Philanthropy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communities that experience health inequities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal Communities / Tribal Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer of Public Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community member with lived experience with as least one of the following: healthcare access & quality; physical environment; social & economic sectors; business/philanthropy; communities that experience health inequities; government; or tribal communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Stakeholder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Optional: Please select any group or sector that you feel represents you. Remember to indicate the type of experience you have with the group/sector.

	Expertise	Career Experience	Personal/ Consumer Experience
Environmental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Resources, Conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children, Families, Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQIA+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migrant Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refugees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seniors and vulnerable adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESL (English as a Second Language) or LEP (Limited English Proficiency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth focused organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)



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Qualifications

**You may provide additional statements or materials to support your qualification for serving on the advisory board. An attached resume will be accepted in lieu of a response for questions 13-16.**

12. Attach Resume (optional)

13. List your employment history for the last 5 years:

14. Describe your educational background:

15. List your participation in boards of directors, advisory councils, or commissions:

16. List any other volunteer experiences you have had:

17. Are there any key issues you'd like to see CHAB address?

18. What is your vision for a healthier future for Island County?

19. If selected to serve on CHAB, how could your experience, skills, and interests benefit our community?



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References

List references below. Please include name, relationship, and contact information.

\* 20. Reference 1

Name	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

21. Reference 2

Name	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>



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### Committment

22. Are you committed to reading materials, staying informed about issues, and working to build a healthy community?

Yes

No

23. If appointed, are you committed to serving a 3-year term?

Yes

No

24. Can you attend at least 70% of monthly meetings?

Yes

No

25. Board membership may entail additional committee work, averaging about 4 hours per month. Are you able to participate at this level?

Yes

No

26. Are you willing to participate in trainings outside of regularly scheduled CHAB meeting times?

Yes

No





## Island County Community Health Advisory Board Member Application

### Next Steps

1. Email completed applications to: [CHAB@islandcountywa.gov](mailto:CHAB@islandcountywa.gov)
2. Your application will be reviewed by CHAB and may be submitted to the Board of Health for approval.
3. You are welcomed and encouraged to attend CHAB meetings as a guest while your application is being processed. If you want more information about serving on the Community Health Advisory Board (CHAB), please visit: <https://www.islandcountywa.gov/Health/AHC/CHAB/Pages/Home.aspx>

THIS IS A PUBLIC DOCUMENT: As a candidate for a public board or commission, the above information will be available to the County Commissioners and the public. All board members are expected to be fair, impartial, and respectful of the public, County staff, and each other.