

Application for Membership on the Public and Environmental Health Advisory Board (PEHAB)

PERSONAL DATA SHEET

1. Name: _____

2. Home Address: _____
Street City ZIP

3. Home Phone: _____

4. Agency/Business Name: _____

5. Business Address: _____
Street City ZIP

6. Business Phone: _____

7. Occupation: _____

8. Educational Background: _____

9. Race or National Origin: _____

10. Over 65? Yes No Retired? Yes No

11. Professional and Fraternal Memberships (Include Offices Held): _____

12. Briefly describe the community activities you have been involved in that reflect your interest
in public health and environmental issues: _____

CONTINUE ON REVERSE →

13. What are your Special Interests and Accomplishments? _____

14. What Special Skills, Strengths, or Resources would you bring to PEHAB? _____

15. Why are you interested in PEHAB? _____

16. How did you hear about the Board? _____

17. Which PEHAB seat(s) are you applying for? _____

SIGNATURE

DATE

PLEASE PRINT YOUR FULL NAME

Return to:

Dave Shoemaker
Public Health Administration
597 Center Avenue, Suite 200
Martinez, CA 94553-4669

Phone: (925) 313-6712

Fax: (925) 313-6721

THANK YOU FOR YOUR INTEREST IN PEHAB!