

**APPLICATION FOR MEMBERSHIP ON THE  
SHASTA COUNTY PUBLIC HEALTH ADVISORY BOARD**

**Name:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Agency/Organization You Are Affiliated with, if any** \_\_\_\_\_

**Represent the following geographic area of Shasta County:** \_\_\_\_\_

**Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Board of Supervisor District Representative  | <input type="checkbox"/> Interested Citizen                                    |
| <input type="checkbox"/> Health Clinic/Hospital/Medical Service Agency  | <input type="checkbox"/> Public Health Client/Customer (or Parent/Guardian of) |
| <input type="checkbox"/> Health Practitioner  | <input type="checkbox"/> Senior Citizen or Senior Citizen Agency               |
| <input type="checkbox"/> Community Based Organization   | <input type="checkbox"/> Community Health Coalition                            |
| <input type="checkbox"/> School, School District, County Office of Education  | <input type="checkbox"/> Advocate for the age zero to five population          |
| <input type="checkbox"/> Environmental Health Agency  | <input type="checkbox"/> Business Community                                    |
| <input type="checkbox"/> Faith Community  | <input type="checkbox"/> Ethnic Population                                     |
| <input type="checkbox"/> Partnership for the Public's Health or other group<br>partnering in Public Health activities | <input type="checkbox"/> Youth   |
| <input type="checkbox"/> Other Government (City, State, Other County Dept. or Official)                               | <input type="checkbox"/> Other: _____  |

*Complete the following. Attach additional pages, if necessary.*

**Give a brief description of your background related to public health and/or health services:**

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**Give a brief description of your community service participation, now and in the past:**

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**What are your interests in or thoughts about Public Health?**

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**Describe your vision of an effective public health department:**

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**Describe your reason(s) for wanting to serve on the Shasta County Public Health Advisory Board:**

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Please return completed form to:  
Cara Schuler  
2650 Breslauer Way, Redding, CA 96001  
or by email to: [phadmin@shastacounty.gov](mailto:phadmin@shastacounty.gov)