

**Application for Appointment
to Public Hospital District No. 1 Board of Commissioners**
(Application to be submitted with letter of interest, resume and conflict of interest form)

Name: _____ Telephone No. _____

Address: _____
Street and Number

City/Zip

- I confirm this address is located within Public Hospital District No. 1. All positions are at-large. To confirm, call the Skagit County Auditor's Office at 360-336-9420.
- I confirm that I am registered to vote in Public Hospital District No. 1.

E-mail Address: _____

Personal Background

Education: _____

Employment/Vocational History: _____

Family (Optional): _____

Community Background: (include dates)

Service activities/groups: _____

Youth activities: _____

Elected/appointed positions held: _____

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Areas of competence and interest:

Health care experience:

Goals if appointed to the Skagit Regional Health Board of Commissioners:

If appointed to a position on the Public Hospital District No. 1 Skagit Regional Health Board of Commissioners, I agree to serve within the framework of the policies of the hospital district.

Signature of Applicant

Date

Applicants are requested to **submit a letter of application** including a statement of reasons for interest in seeking appointment, a resume and conflict of interest form by **noon, January 4, 2019**. Items may be sent to Skagit Regional Health, P.O. Box 1376, Mount Vernon, WA, 98273, Attn: Chief Executive Officer Brian Ivie or may be dropped off in Administration at 1415 E. Kincaid, Mount Vernon.