



**APPLICATION FOR APPOINTMENT TO
RENO COUNTY HEALTH DEPARTMENT ADVISORY BOARD**

Are you presently serving on a County board, committee or commission? If so, which one(s)? (Please provide expiration term date)

Name:

Residence Address:

City: State: Zip:

Home Phone: Cell-Phone: Email:

Current or Previous Employment
(Name of Business & Industry)

Availability during Business Hours Yes No

Preferred method of Contact Phone E-Mail

Please indicate below your reasons for wanting to serve on this board, committee, or commission. Tell what special knowledge, skills, experience, or background you possess that you believe are applicable to this board.

Signature of Applicant

Date