

**CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM**

**Board of Health**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street City State Zip Code

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

Check Box to Have Email Address Redacted on Public Documents

**NAME OF APPOINTMENT BOARD:** \_\_\_\_\_

**BEGINNING DATE OF TERM:** \_\_\_\_\_ **ENDING DATE:** \_\_\_\_\_

The Champaign County Executive appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Executive in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. **IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE THIS APPLICATION AND AN INTERVIEW WITH THE COUNTY EXECUTIVE.**

- 1. Are you a resident of Champaign County?  Yes  No
- 2. Are you a licensed physician or dentist?  Yes  No If yes, please explain: \_\_\_\_\_
- 3. What experience and background do you have which you believe qualifies you for this appointment?

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- 4. Do you have experience in the mental health field?  Yes  No If yes, please explain:
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5. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?

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6. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

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7. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

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8. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)  Yes  No If yes, please explain:

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9. Would you be available to regularly attend the scheduled meeting of the appointed body?  Yes  No If no, please explain:

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The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date