



Public Health
Prevent. Promote. Protect.
Perry County
Health Department

Perry County Health Department
2235 State Route 13, PO Box 230
New Lexington, OH 43764
Ph. 740.342.5179
Fax. 740.342.5540
Perrycountyhealth.info

Perry County Board of Health Application

Date:		
Name:		
Address:		
City, State, Zip		
Township:		
Phone:		
E-Mail:		
Employer Name:		
Your Title:		
Type of Business or Organization:		
Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, and social).		
Organization	Role/Title	Dates of Service

OUR MISSION:

To improve public health in Perry County by preventing disease, promoting health and safety, and protecting our environment.





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Education/Training/Certificates

Optional: Have you received any awards or honors that you would like to mention?

How do you feel Perry County Health Department would benefit from your involvement on the Board?

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Skills, experience and interests (Please check all that apply)			
Finance, accounting	<input type="checkbox"/>	Public Relations, communications	<input type="checkbox"/>
Personnel, human resources	<input type="checkbox"/>	Grant writing	<input type="checkbox"/>
Administration, management	<input type="checkbox"/>	Outreach, advocacy	<input type="checkbox"/>
Nonprofit experience	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Community service	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Policy Development	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Program Evaluation	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Please tell us anything else you would like to share:			

Thank you for applying. Please email completed application to angela.derolph@perrycountyohio.gov.

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