



Live Well. Health Matters.

1200 Del Amo Street
Redondo Beach, CA 90277

Phone (310) 374-3426
Fax (310) 376-4738
www.bchd.org

COMMITTEE APPLICATION

- Community Health Committee Strategic Planning Committee
- Finance Committee

Name _____

Home phone _____

Bus. phone _____

Mobile phone _____

Fax # _____

e-mail _____

Home Address _____

Relatives working for Beach Cities Health District _____

Education/degrees/certificates, etc.

Name and address of employer

Describe job responsibilities

Do you anticipate restrictions/limitations that would inhibit your attendance at evening committee meetings? (e.g., childcare, business travel) _____

Membership in other organizations/associations

Please explain what interests you about volunteering to serve on a committee at BCHD. Please describe your past involvement with BCHD.

If appointed to a committee, what three issues do you think would be most important for the committee to address?

Describe your interest in the committee of your choice, and your qualifications and/or experience relevant to that committee.

PAST EXPERIENCE IN COMMITTEE PARTICIPATION

Committee Name	Organization	
Experience (e.g., position, responsibilities, time served, etc.)		
References (fellow committee members)	Phone	Employer
1.		
2.		

Committee Name	Organization	
Experience (e.g., position, responsibilities, time served, etc.)		
References (fellow committee members)	Phone	Employer
1.		
2.		

**PLEASE ATTACH YOUR RESUMÉ OR CURRICULUM VITAE TO THIS APPLICATION
PLEASE RETURN APPLICATION BY 12 NOON on MAY 3, 2021**