

**MEMBERSHIP APPLICATION**

**Prior to applying, please review the following:**

[**PHAB Webpage - for complete information**](https://www.deschutes.org/health/page/public-health-advisory-board)

[**PHAB By-Laws 04-2025**](https://www.deschutes.org/sites/default/files/fileattachments/health_services/page/564/phab_by-laws_2025_update_final.pdf)

**Please fill out electronically and submit the application with your resume to:**

**Tom Kuhn**

[**Thomas.Kuhn@deschutes.org**](mailto:Thomas.Kuhn@deschutes.org)

**Contact Tom Kuhn if you have any questions.**



The purpose of this form is to assist PHAB in evaluating the qualifications of applicants for appointment to the Deschutes County Public Health Advisory Board.

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| **Name** |  |
| **Address (Home)** |  |
| **Address (Business)** |  |
| **Phone (best #)** |  |
| **E-mail** |  |
| **Employer** |  |
| **Title** |  |

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| Do you live or work in Deschutes County (or both)? | | | | | |
| Live: |  | | Work: | |  |
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| What vacant PHAB seat are you applying for? | | | | | |
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| Please briefly explain why you feel you are best suited for this seat: | | | | | |
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| Please describe how your current and past work experiences relate to Deschutes County Public Health and its programs (see [Deschutes Public Health webpage](https://www.deschutes.org/health/page/public-health-advisory-board)): | | | | | |
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| Please describe how your strengths, skills and knowledge will contribute to Article III, Responsibilities of PHAB (see [PHAB By-Laws 04-2025](https://www.deschutes.org/sites/default/files/fileattachments/health_services/page/564/phab_by-laws_2025_update_final.pdf)): | | | | | |
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| Please describe your reasons for wanting to serve on this PHAB? | | | | | |
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| PHAB meets monthly on the first Tuesday of each month from 12:00 - 1:30pm, alternating between virtual and in-person meetings. Members’ active participation in regular meetings is crucial for PHAB's operations and efficacy. Please initial here to confirm that you are willing and able to attend meetings and will communicate known absences in advance: | | | | | |
| Initial: | |  | |
|  | | | | | |

I will accept appointment to the Deschutes County PHAB if selected through the PHAB internal application process and subsequently confirmed by the Deschutes County Board of Commissioners. Sign to confirm.

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| Electronic Signature (type name) | | Date |