

KNOX COUNTY HEALTH DEPARTMENT

Board of Health Member Application

Please include a copy of your resume if you have one; and indicate the best way to contact you.

I hereby apply for a seat on the Knox County Board of Health:

NAME _____

HOME ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____

EMPLOYER _____

POSITION _____

BUSINESS ADDRESS _____

CITY _____ ZIP _____

BUSINESS PHONE _____ EXT _____

NUMBER OF YEARS AS A KNOX COUNTY RESIDENT _____

List Memberships in Other Organizations:

Personal Interest in Public Health Issues Include:

Additional Comments:

Applicant Signature: _____

***Please return form via, mail, fax, or email to
ATTENTION: Tina Jockisch, Administrative
Assistant by February 14, 2022 at 4:00 p.m. to:***

Knox County Health Department
1361 West Fremont Street ■ Galesburg, Illinois 61401

Or via email at

tjockisch@knoxcountyhealth.org