

Del Puerto Health Care District
Alternate Letter of Application for Appointment to

_____ District Board of Directors

_____ Ad Hoc Committee: _____

ABOUT YOU

Name: _____

Home Address: _____

Length of time at this residence: _____

Email address: _____

Best phone to reach you: _____

Employer: _____

INTERESTS IN LOCAL HEALTH CARE

What are your main interests in health care? _____

What experience in health care do you bring? _____

Have you used Health Center or Ambulance services? If so, which ones? _____

What do you like best about our services? _____

What would you change about our services? _____

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INTERESTS IN LOCAL GOVERNMENT

What are your main interests in local government? _____

What experience in local government do you bring? _____

Prior public service? _____

Past and Present community activities: _____

OTHER COMMENTS

ACKNOWLEDGEMENTS:

I understand and hereby accept that if the Del Puerto Health Care District appoints me to the District Board of Directors, I will serve without pay and may be subject to the filings of the Fair Political Practices Commission (Statements of Economic Interest – Form 700).

Date: _____ Signature: _____