



Date _____

2010 Community Advisor Program Application

Community Advisors must live within the Public District Hospital #1 boundaries. For more information, please call 360-794-1411.

Personal Information		
First name	Last name	
Home address	City/State	Zip
Email address		Years living in area
Home phone	Work phone	Cell phone

Have you applied for the Community Advisor Program before? ___yes ___ no If yes, when? _____

The information in this section is optional. We are interested because the goal of the hospital district is to have a balanced representation of ethnic, age and gender groups.					
Age:	18-25	26-40	41-55	56-70	70+
Ethnic Background	Asian	African American	American Indian	Caucasian	Other _____
Gender:	Female	Male			

Community Involvement		
Please describe present or past volunteer activities in community service, government or political organizations.		
Organization	Dates	Position/Responsibilities

Employment

Current Position

Employer

Responsibilities

Previous Work Experience (begin with most recent)

Employer

City

Dates

Position/Responsibilities

Other Activities or Accomplishments

List any other accomplishments, honors, offices held, activities, etc., which you believe would be helpful as a Community Advisor.

General Information

What skills and interests do you have which you feel can be best applied in the Community Advisor Program?

What do you feel are two pressing health care problems facing the residents of East Snohomish County today? Please briefly describe these problems and give any recommendations that you may have for approaching and resolving these problems.

What do you hope to gain from participation in the Community Advisor Program?

Have you ever been convicted of a felony? ___yes ___ no

If yes, please explain _____

Please return your complete application to:
Community Development
Valley General Hospital
14701 179th Ave SE
Monroe, WA 98272
Or fax 360-863-4670