

LAKE COUNTY BOARD OF HEALTH
ADVISORY COMMITTEE APPLICATION

Name Mary Beth Kolb Home Phone [REDACTED]

Home Address [REDACTED] City Lake Villa

State IL Zip 60046 County Lake

Place of Employment PCM Title Account Manager

Address 300 S. Riverside Plaza St 850 City Chicago

State IL Zip 60606 County COOK

Business Phone 630-735-5356 Work from home 95% of time

Email Address(es) Marybeth.Kolb@pcm.com [REDACTED]

Community activities, including offices held:

I am a Board Member and foster coordinator of Adopt A Husky, Inc, a 501(c)3 foster based dog rescue.

I am on the Race Committee of the Rig Ready, a dog powered sports race held in McHenry IL.

Professional Activities/Organizations, including offices held:

I have various certifications and titles from an I.T perspective given my career in technology solutions with P.C.M

I am interested in the following committee(s):

Given my background in dog care and rescue, I would be interested in anything related to the care, control and health of animals.

Please state why you are interested in the appointment:

I think I can serve my community by bringing my vast animal care and rescue experience in to decisions that might affect policy and procedures.

References:

Dr. Dawn Garvey
Name

Mike Dagley
Name

Personal/Rescue Veterinarian
Affiliation

President, Adopt A Husky Inc.
Affiliation

40949 N. Illinois 83
Address Antioch, IL 60002

1308 Richmond Lane
Address Bartlett IL 60103

847-395-0636
Phone

630-372-6882
Phone

If nominated, nominated by:

Robin Van Sickle
Name

Lake County Animal Care & Control
Affiliation

18736 Peterson Rd, Libertyville IL 60048
Address

847-377-4716
Phone

Committee membership is open to providers, consumers and citizens from Lake County. This ensures a balance of input from all groups affected by and interested in Lake County Health Department activities. At times, it is necessary to identify potential conflict of interest situations; therefore, please answer the following question.

Currently, or within the last 12 months, have you had any ownership, employment, medical staff, fiduciary, contractual, creditor, consultive, or familial relationship with the Lake County Board of Health, Health Department, or with any of its employees?

Yes

No

If Yes, please explain:

Each new applicant for membership is requested to complete this form. Present Committee members shall annually update the information. Each member is also responsible for notifying the Health Department of any change in employment or affiliation.

Attach a resume, if available.

The above information is accurate and correct to the best of my knowledge.


Signature of Applicant

3/28/18
Date