

**LAKE COUNTY BOARD OF HEALTH
ADVISORY COMMITTEE APPLICATION**

Victor Plotkin _____
Name ██████████
Home Phone

██████████ _____
Home Address Mundelein
City

Illinois _____ 60060 _____
State **Zip** Lake
County

Retired _____
Place of Employment **Title**

Address **City**

State **Zip** **County**

Business Phone

██████████ _____
Email Address(es)

Community activities, including offices held:

Volunteer, The LCHD/CHC TB Program _____

Professional Activities/Organizations, including offices held:

LCHD/CHC Employment, 1990-2018 _____

I am interested in the following committee(s):

EHAC _____

Please state why you are interested in the appointment:

This is an important committee which is involved in many activities that impact environmental and ecological aspects of living in Lake County. Although I used to work with LCHD/CHC EH, this time I would like to provide my input as a long time county resident and retiree _____

References:

Larry Mackey _____

Name

Mike Adam _____

Name

LCHD/CHC _____

Affiliation

LCHD/CHC _____

Affiliation

Gaby Ocampo _____

Address

LCHD/CHC _____

Address

Phone

Phone

If nominated, nominated by:

Name

Affiliation

Address

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:

A contract department's employee with the TB Program from 08/2023 to 12/2023 _____

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.

Victor Plotkin _____
Signature of Applicant

2/6/2024 _____
Date