

GOVERNING COUNCIL MEMBERSHIP APPLICATION

Name: Donna M Young

Home Address: [REDACTED] Zion IL 60099
(STREET ADDRESS, CITY, ST, ZIP)

Work Address: _____
(STREET ADDRESS, CITY, ST, ZIP)

Cell # [REDACTED] Home # _____ Work # _____

Email(s): [REDACTED]

Date of Birth (MM/DD/YY): [REDACTED]

Gender: Man Woman Genderqueer/Non-Binary _____

Ethnicity: American Indian/Alaskan Native Asian Black/African American
 Hispanic/Latino White _____

What is your preferred language: English Other: _____

Do you have access to transportation to attend meetings? Yes No

Do you have access to childcare to attend meetings? Yes No N/A

Do you have food allergies?: No Yes Please list: _____

I attest that I or my dependent(s) **HAVE** obtained medical, dental, or behavioral health care from the Lake County Health Department and Community Health Center within the past 2 years.

Yes No

I attest that I am **NOT** an employee of the Health Center or of the Lake County Health Department, or the spouse, child, parent, brother or sister by blood or marriage of an employee.

Yes No

Do you presently derive any income from the healthcare industry? Yes No

Professional activities/organizations, including offices held:

Chicago Coalition for the Homeless (2016-2024)

Community and Grassroot leader for Lake County and
(More information upon request)
(Please state why you are interested in becoming a member of the Governing Council: for the State.

I would like to encourage others to achieve their goal through quality and affordable health care

I would like to share my experience over the past 10 years I have received treatment from Lake County Health, which has included 5 programs and two support groups.

I have gone from being homeless to living on my own, by utilizing these programs. I would like the opportunity to help others.

Indicate your areas of interest regarding the business conducted by the Governing Council:

- Budget/Finance Customer Service Quality Improvement
 Strategic Planning Community Engagement Health Center Operations

Who were you referred by:

Randal Zimpel, B.S.W.
 Name
 Lake County Health Department
 Organization/Agency
 3010 Grand Ave Waukegan IL 60085
 Address
 847-377-8856
 Phone

Council membership is open to consumers and residents from Lake County. This ensures a balance of input from all groups affected by and interested in the Lake County Health Department and Community Health Center 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 familiar relationship with the Lake County Board of Health, Health Department and Community Health Center, or with any of its employees? Yes No

If "Yes," please explain:

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

Donna M Young
 Signature of Applicant

4/25/24
 Date

***ATTACH A CURRENT RESUME**

Submit this application and accompanying resume to:

Lisa Kroeger
 Executive Director Assistant
 Lake County Health Department and Community Health Center
 3010 Grand Avenue
 Waukegan, IL 60085
 (847) 377-8118
Lkroeger2@lakecountyil.gov