

GOVERNING COUNCIL MEMBERSHIP APPLICATION

Name: Allen Scheuer

Home Address: [REDACTED] Waukegan IL
(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:
Black Lives Matter

Please state why you are interested in becoming a member of the Governing Council:
I am a self-learner who loves to be involved with my community. I have a passion to work with the community to try and help make it better. I want to help educate and advocate for these in the community or wanting to be part of our community.

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:

Word of mouth from Desk
Name _____
Lake County Health Department
Organization/Agency _____
3010 Grand Ave Waukegan IL
Address _____
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.


Signature of Applicant _____

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