## LAKE COUNTY BOARD OF HEALTH ADVISORY COMMITTEE APPLICATION

Heather Anderson		847-754-5073
Name		Home Phone
319 Garrison Circle		Port Barrington
Home Address		City
IL	60010	McHenry
State	Zip	County
Food Safety & Environmental Solutions LLC		President
Place of Employment		Title
2252 Clearbrook Court		Wauconda
Address		City
<u>IL</u>	60084	Lake
<b>State</b> 847-865-5106	Zip	County
Business Phone		
Community activities including off	iaaa baldi	
Community activities, including offi		
Parent volunteer assisting the loc	cal school on a w	eekly basis for reading groups, copying
projects, field trips, and commun	ity events;	
head room parent assisting with	class parties, pro	pject events and national testing weeks
Professional Activities/Organization	ns, including offic	es held:
Member of the National Environ	nmental Health A	ssociation (NEHA); Certified Instructor
with NEHA and IDPH for Food	Manager Certifica	ation and Food Handler Training;
LEHP and REHS/RS certified t		
7	.cc jeane	
I am interested in the following com	nmittee(s):	
EHAC		
\$ <del></del>		
Please state why you are interested	I in the appointme	ent:
I am interested to help make pos		
utilizing my 14 years experience		
	<del>-</del>	ools and spas, food safety, nuisance)
as well as my current experience		
as iron as my surront expensione	as a lood suloty	

References:		
Larry Mackey	Laurie Braunschweig	
Name	Name	
Former Supervisor/Lake County	Co-owner Food Safety and Env. Solution	
Affiliation	Affiliation	
500 W. Winchester Road, Libertyville	2252 Clearbrook Court, Wauconda	
Address	Address	
847-984-5000	847-469-8748	
Phone	Phone	
If nominated, nominated by:		
Name		
Affiliation		
Address		
Dk		
Phone		
	have you had any ownership, employment, r, consultive, or familial relationship with the ment, or with any of its employees?	
☐ Yes	₩No	
If Yes, please explain:		
	requested to complete this form. Present te the information. Each member is also artment of any change in employment or	
Committee members shall annually upda responsible for notifying the Health Dep affiliation.	te the information. Each member is also	
Committee members shall annually upda responsible for notifying the Health Dep affiliation.  Attach a resume, if available.  The above information is accurate and corre	te the information. Each member is also artment of any change in employment or	
Committee members shall annually updaresponsible for notifying the Health Dep	te the information. Each member is also artment of any change in employment or	