



LAKE COUNTY HEALTH DEPARTMENT AND
COMMUNITY HEALTH CENTER
GOVERNING COUNCIL APPLICATION

Name Cynthia Vargas Home Phone 847 877 7223
Home Address 3512 Sarah Drive City Zion
State IL Zip Code 60099 County Lake
Date of Birth 3/21/1984 Email Address istrujillovargas@gmail.com

Gender: ☐ Male ☒ Female

Ethnicity: ☐ Asian ☐ Black/African American ☐ American Indian/Alaskan Native

☒ Hispanic/Latino ☐ White ☐ Other _____

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

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 or child, parent, brother or sister by blood or marriage of an employee. ☒ Yes _____ No

Governing Council Areas of Interest:

☐ Budget/Finance

☐ Customer Service

☐ Quality Improvement

☒ Strategic Planning

☒ Community Engagement

☒ Health Center Operations

Professional activities/organizations, including offices held:

President: Latino Coalition of Lake County Term 2016-2018
LCCH

Please state why you are interested in the appointment:

Interested in assisting the Latino community
become more aware of healthcare + nutrition
services



If nominated, nominated by:

Name

Affiliation

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

Explanation if yes:

Attach a resume, if available

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

Date

1/14/19

Signature of Applicant