

LAKE COUNTY HEALTH DEPARTMENT AND COMMUNITY HEALTH CENTER
GOVERNING COUNCIL APPLICATION

Name: DIANA GUTIERREZ

Home Address: [REDACTED] NORTHBROOK, IL 60062
(STREET ADDRESS, CITY, ST, ZIP)

Work Address: 1801 SHERIDAN RD SUITE 101 NORTH CHICAGO
(STREET ADDRESS, CITY, ST, ZIP) 60064

Home # 847-201-1521 Cell # [REDACTED]

Work # 224-538-7270 Fax # _____

Home Email: _____

Work Email: dgutierrez@mamfre.org

Date of Birth (M/D/Y): 06/1/1960

Gender: ☐ Male ☒ Female

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

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

Do you have access to childcare, if needed, to attend meetings? ☐ Yes ☐ No

What is your preferred language: ☒ English Other: SPANISH

Lunch is provided at all meetings. Do you have any dietary restrictions?: ☐ Yes ☒ No

If Yes, please explain: _____

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:



LakeCounty
Health Department and
Community Health Center

Please state why you are interested in becoming a member of the Governing Council:

Indicate your areas of interest in regard to 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:

DULCE ORTIZ
Name
EXECUTIVE DIRECTOR, MADDO A MADDO
Affiliation
6 E. MAIN STREET ROUND LAKE PARK
Address
847-201-1521
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.

X. Cruz
Signature of Applicant

1/9/2020
Date

***ATTACH A CURRENT RESUME (if applicable)**

Submit 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