



Live Well. Health Matters.

April 3, 2017

The Beach Cities Health District (BCHD) Board of Directors is seeking qualified **residents of the cities of Hermosa Beach, Manhattan Beach or Redondo Beach** to serve on its advisory committees. Committee members serve two-year terms and have a direct impact on the health and wellness programs and services BCHD provides to the beach cities community. Meetings are generally held quarterly and scheduled for the evening.

The following committees are seeking candidates:

Community Health Committee

Identifies and advises the board on community health and wellness concerns and recommends areas for programs and services.

Strategic Planning Committee

Assists the Board in formulating and fulfilling the Beach Cities Health District's vision, mission and goals.

Finance Committee

Assists the Board with ensuring the Beach Cities Health District's financial health.

An applicant must be a resident of Redondo Beach, Hermosa Beach or Manhattan Beach. Please complete the BCHD Committee Application and submit with a resumé or curriculum vitae by noon on June 1st. Top candidates will be contacted for an interview and appointments will be announced in July. Two-year terms begin July 1, 2017.

Community members with questions about the positions or application process should call Charlie Velasquez at (310) 374-3426, ext. 213. The BCHD Committee Application is available online at www.bchd.org or requested by telephone or email. Applications are due by 12 noon on June 1, 2017. Completed applications can be faxed, emailed, dropped off or mailed to:

Beach Cities Health District
Committee Appointments
1200 Del Amo Street
Redondo Beach, CA 90277
Fax: (310) 376-4738
Email: Charlie.velasquez@bchd.org



Live Well. Health Matters.

1200 Del Amo Street
Redondo Beach, CA 90277

Phone (310) 374-3426
Fax (310) 376-4738
www.bchd.org

COMMITTEE APPLICATION

- Community Health Committee Strategic Planning Committee
- Finance Committee

Name _____

Home phone _____

Bus. phone _____

Mobile phone _____

Fax # _____

e-mail _____

Home Address _____

Relatives working for Beach Cities Health District _____

Education/degrees/certificates, etc.

Name and address of employer

Describe job responsibilities

Do you anticipate restrictions/limitations that would inhibit your attendance at evening committee meetings? (e.g., childcare, business travel) _____

Membership in other organizations/associations

Please explain what interests you about volunteering to serve on a committee at BCHD. Please describe your past involvement with BCHD.

If appointed to a committee, what three issues do you think would be most important for the committee to address?

Describe your interest in the committee of your choice, and your qualifications and/or experience relevant to that committee.

PAST EXPERIENCE IN COMMITTEE PARTICIPATION

Committee Name	Organization	
Experience (e.g., position, responsibilities, time served, etc.)		
References (fellow committee members)	Phone	Employer
1.		
2.		

Committee Name	Organization	
Experience (e.g., position, responsibilities, time served, etc.)		
References (fellow committee members)	Phone	Employer
1.		
2.		

**PLEASE ATTACH YOUR RESUMÉ OR CURRICULUM VITAE TO THIS APPLICATION
PLEASE RETURN APPLICATION BY 12 NOON on JUNE 1, 2017**