



Live Well. Health Matters.

1200 Del Amo Street
Redondo Beach, CA 90277

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

BOARD MEMBER APPLICATION

Please Print legibly or Type

Name _____

Home phone _____

Bus. 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 meetings?
(e.g., childcare, business travel) _____

Please describe your past involvement with Beach Cities Health District (BCHD)

Membership in other organizations/associations

Please explain what interests you about serving as a BCHD Board member

If appointed, what three issues do you think are the most important for the Board to address?

Describe your qualifications and experience relevant to serving as a Board member

**PLEASE ATTACH YOUR RESUMÉ OR CURRICULUM VITAE TO THIS APPLICATION
PLEASE RETURN APPLICATION BY NOON on THURSDAY, JUNE 8, 2017**

**APPLICATIONS WILL NOT BE ACCEPTED AFTER THIS DEADLINE
Postmarks NOT accepted**

Applications will be accepted:

By mail or in person at BCHD, 1200 Del Amo Street, Redondo Beach, CA 90277

FAX to (310) 376-4838

Email to Charlie.velasquez@bchd.org

Information: Charlie Velasquez, Executive Assistant to the CEO at charlie.velasquez@bchd.org