



# Paris-Lamar County Health District

400 West Sherman Street, Paris, Texas 75460-5646

Health District: (903) 785-4561

Health District Front Fax: (903) 737-0978

Women, Infant and Children (WIC): (903) 784-1411

[www.parislamarhealth.com](http://www.parislamarhealth.com)

## PARIS-LAMAR COUNTY HEALTH DISTRICT BOARD OF HEALTH APPLICATION

The Paris-Lamar County Health District is seeking committed individuals who are dedicated to the well-being of the Paris community to serve on the Board of Health. In general, it is the Paris-Lamar County Health District's policy to appoint persons to a maximum of two consecutive, full three-year staggered term on a given body. In addition to the general qualification listed in the certification below, other qualifications may be mandated by statute, City Charter, ordinance, or resolution. Please complete the information requested below and return to: Paris-Lamar County Health District, 400 West Sherman Street, Paris, Texas 75460-5646. No applicant will be discriminated against because of race, color, religion, sex, age, national origin, disability or any other characteristic protected by law.

### Candidate Information:

**PRINTED** Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Other Email: \_\_\_\_\_

Please note any special knowledge, education, or experience you have that is applicable to the function of the board, commission, or committee of interest (attach additional pages if necessary). If applicable, list date of service on any City boards, commissions, or committees.

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

Certification and authorization by signing below, I acknowledge that I am aware of the laws of the State of Texas regarding nepotism and conflicts of interest of appointees to City boards, commissions, and committees. I understand that the number of position on a given board, is limited and that I may not be appointed; however, if I am not appointed, I agree to be placed in a database for possible future notification of topics of interest. I certify that the information given by me in this application is true and correct and any false information or misrepresentation is sufficient grounds for disqualification. I authorize the Paris-Lamar County Health District to verify all information provided in this application. In accordance with Section 552 of the Local Government Code, I understand that information provided in this application may be available to the public upon request.

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_