



ANNOUNCEMENT
APPOINTMENTS TO THE
COLQUITT COUNTY BOARD OF HEALTH
&

DEPARTMENT OF FAMILY AND CHILDREN SERVICES BOARD

In order for qualified citizens to be made aware of the opportunity to serve on the abovementioned Boards/Authorities/Commissions, the Colquitt County Board of Commissioners is hereby accepting applications for the following appointments:

COLQUITT COUNTY BOARD OF HEALTH

Six Year Terms

County Appointee – Position serves as Vice – Chair and occupation must be that of Dentist, Nurse, or Physician

Consumer Advocate – open to any persons interested

DEPARTMENT OF FAMILY AND CHILDREN SERVICES BOARD

Five Year Term

Board Member – Interested individuals must meet one of the following criteria: pediatric health care provider, appropriate school personnel, emergency responder, law enforcement personnel, private child welfare service provider, alumni of child welfare system, mental health care provider, former foster parent, or leader within the faith based community.

Each individual applying must complete a General Board Application. This document is available at www.ccboc.com. You may also contact Melissa Lawson, County Clerk, at the Colquitt County Courthouse Annex, 101 East Central Avenue, 2nd Floor, Room 261-B, Moultrie, GA, (229) 616-7409, or by email at mlawson@ccboc.com. Inquiries regarding position requirements may also be directed to Melissa Lawson, County Clerk, via phone or email.

The closing date for submitting the General Board Application will be Friday, March 29 at 5:00 p.m. Appointments will be selected at the regular monthly meeting of the Board on Tuesday, April 2, at 7:00 p.m.



**COLQUITT COUNTY BOARD OF COMMISSIONERS
AUTHORITY, BOARD, COMMISSION AND ADVISORY COMMITTEE
MEMBERSHIP**

GENERAL APPLICATION FOR APPOINTMENT

BOARD/COMMISSION/AUTHORITY/COMMITTEE APPLIED FOR: _____

NAME: _____ DATE: _____

ADDRESS: _____ HOME PHONE: _____

CITY/ZIP: _____ WORK PHONE: _____

COLQUITT COUNTY COMMISSION DISTRICT (CIRCLE): 1 2 3 4 5 6

E-MAIL ADDRESS: _____

ARE YOU A COUNTY RESIDENT? ____ YES ____ NO HOW LONG? ____

NAME/ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

EDUCATIONAL BACKGROUND: _____

PROFESSIONAL EXPERIENCE: _____

COMMUNITY SERVICE/CIVIC ORGANIZATION AFFILIATIONS: _____

IN WHAT WAYS DO YOU THINK YOU CAN CONTRIBUTE TO THE PRIMARY MISSION OF THE ORGANIZATION TO WHICH YOU ARE REQUESTING TO BE APPOINTED? _____

WHAT SPECIFIC SKILLS, KNOWLEDGE AND ABILITIES DO YOU POSSESS THAT WOULD CONTRIBUTE TO THE ORGANIZATION TO WHICH YOU ARE REQUESTING TO BE APPOINTED? _____

WHAT AREAS DO YOU FEEL MAY BE IMPROVED IN THIS ORGANIZATION? _____

WHY ARE YOU SEEKING THIS APPOINTMENT? _____

YOUR SIGNATURE ON THIS FORM CONFIRMS THAT YOU HAVE READ AND ACKNOWLEDGE ALL OF THE ENCLOSED INFORMATION, AND THAT YOU ARE WILLING TO COMMIT THE TIME REQUIRED TO FULFILL THE RESPONSIBILITIES OF THE APPOINTMENT YOU ARE REQUESTING.

APPLICANT'S SIGNATURE

DATE