



## Washington County Department of Human Services Advisory Board Member Application

Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact (Please circle): Phone or Email

Are you a Washington County resident? \_\_\_\_ Yes \_\_\_\_ No

Which stakeholder group do you represent? Please circle all that apply.

Current/Former Recipient of Services	Family/Community Member	Service Provider
Aging Services	Behavioral Health and Developmental Services	Children and Youth Services
Drug and Alcohol Services	Housing and Homeless Services	Victim Centered Organization
Veterans Affairs	Child Care	Employment and Training Specialist
Faith Based Community	Food Bank/Local Pantry	Law Enforcement
Medical Provider	School, University and/or College	Other Client Advocate
Community Leadership		

Please list community organizations, boards or committees of which you are an active or former member.

---

---

---

---

What is the reason you are interested in being on the Washington County Department of Human Services Advisory Board? Please attached additional pages, if necessary.

---

---

---

---

Please attach the results of your Act 33, Act 34 and FBI Clearances.

---

Please check the timeframes during which you are most likely available for meetings.  
Please check all that apply:

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30am – 11:00 am					
11:00am- 1:00pm					
1:30pm - 3:30pm					
5:30pm - 7:30pm					

**We thank you for your interest. Please return your completed application to:**

Washington County Department of Human Services  
c/o Kimberly Rogers, Human Services Administrator  
100 West Beau Street  
Suite 703  
Washington, PA 15301

Email: [johnsonj@co.washington.pa.us](mailto:johnsonj@co.washington.pa.us)