

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

Name		
Address:		
City:	State:	ZIP:
Phone:	Email:	
Preferred method of contact (Ple	ease circle): Phone or Email	
Are you a Washington County 1	resident? Yes	No
Which stakeholder group do yo	u represent? Please circle all tha	t 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		

member.	oards or committees of which you are an active or former
What is the reason you are interested in Services Advisory Board?	n being on the Washington County Department of Human

The Department of Human Services Advisory Board Meetings are typically (some change due to holidays/make-up meetings) held Bi-Monthly on the first Thursday of that month. These meetings are held at our office location from 1p.m. -2:30 p.m. In-person is preferred but virtual is an option. Members are highly encouraged to attend in-person if possible.

Below are the 2025 Advisory Board Meeting dates.

Jan. 9 (Make-Up Meeting)

Feb. 6

April 3

June 5

August 7

October 2

December 4

We thank you for your interest. Please attach the results of your Act 33, Act 34, and FBI Clearances as well an updated resume.

## Please return your completed application to:

Washington County Department of Human Services c/o Dr. John Tamiggi, Human Services Director 95 West Beau Street Suite 300 Washington, PA 15301

Email: john.tamiggi@co.washington.pa.us