



**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 Dr. John Tamiggi, Human Services Director
95 West Beau Street
Suite 300
Washington, PA 15301

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