

BASTROP COUNTY
Advisory Board of Health
Member Application

The Advisory Board of Health for Bastrop County will serve in an advisory capacity which includes but is not limited to, providing oversight of the Public Health Department, assuring outreach to underserved and marginalized communities, and informing county commissioners and municipalities of emerging and high-profile public health issues. The Board will report to the Bastrop County Judge and Commissioners, and City Councils of Bastrop, Elgin and Smithville.

Authorization to establish an Advisory Board of Health is found in the TEXAS HEALTH AND SAFETY CODE, TITLE 2. HEALTH, SUBTITLE F. LOCAL REGULATION OF PUBLIC HEALTH, CHAPTER 121. LOCAL PUBLIC HEALTH REORGANIZATION ACT, SUBCHAPTER A. under GENERAL PROVISIONS which includes: Sec. 121.034. PUBLIC HEALTH BOARD. (a) The governing body of a municipality that establishes a local health department may provide for the creation of an administrative or advisory public health board and the appointment of representatives to that board.

(b) The commissioners court of a county that establishes a local health department may provide for the creation of an advisory public health board and the appointment of representatives to that board.

(c) The director of the local health department is an ex officio, nonvoting member of any public health board established for the local health department. Acts 1989, 71st Leg., Ch. 678, Sec. 1, eff. Sept. 1, 1989.

Thank you for your interest in serving on the Bastrop County Advisory Board of Health. If you are applying as an applicant from (**Bastrop**), please complete this application and send it to **City Manager Sylvia Carrillo-Trevino** at scarrillo@cityofbastrop.org or **Mayor Lyle Nelson** at lnelson@cityofbastrop.org. All applications will be reviewed and scored by your respective city leadership. **Applications are due January 10, 2025.**

NAME and TITLE: _____

HOME ADDRESS: _____

(Number)

(Street)

(Apt #)

CITY: _____ ZIP CODE: _____

BEST PHONE NUMBER (Cell/Home/Business): _____

E-MAIL: _____

CURRENTLY EMPLOYED: YES NO RETIRED: YES NO

1-MOST RECENT EMPLOYER: _____ FROM _____ TO _____

DUTIES/RESPONSIBILITIES (PLEASE ATTACH a CV or RESUME):

2-CREDENTIALS (DEGREES, LICENSES AND CERTIFICATIONS): _____

3-BASTROP COUNTY RESIDENT: YES NO If yes, number of years: _____

4-Are you available to attend monthly, in-person meetings? YES NO

5-What is your area of expertise as a public health professional, healthcare representative including medical or allied health providers, health policy representative, legal, banking, or community representative? Please check all that apply.

A-Professional expertise:

- | | |
|---|--|
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Infectious Disease Prevention and Control |
| <input type="checkbox"/> Chronic Disease Prevention and Control | <input type="checkbox"/> Medical Ethics |
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Medical Practice |
| <input type="checkbox"/> Data Science | <input type="checkbox"/> Men's Health |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Nursing Practice |
| <input type="checkbox"/> Environmental Public Health | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Exercise Physiology | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Health Administration (including financial management) | <input type="checkbox"/> Physician Assistance |
| <input type="checkbox"/> Health Communication | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Health Equity | <input type="checkbox"/> Public Health Law |
| <input type="checkbox"/> Health Policy | <input type="checkbox"/> Veterinary Medicine |
| <input type="checkbox"/> Health Promotion and Education | <input type="checkbox"/> Women's Health |

OTHER: (Specify) _____

B-Community Representative, Stakeholder or Leader Expertise:

Business Community (including, but not limited to, legal expertise or financial management), Specify _____

Public Health-Regulated Community, Specify _____

Community Representative with Access to Care Experience, Specify _____

OTHER: (Specify) _____

6-List any training, education, or experience that you have that is *specific* to Infectious Disease, Chronic Disease, Environmental Health, Health Promotion and Education or Access to Care such as navigation, coordination or advocacy.

7-Tell us why you wish to be a board member including what you can specifically contribute to Public Health in Bastrop County?

8-Have you ever been elected or appointed to/or are currently serving on any other board, council or commission? If so, list the city, state, dates and name of the board, council or commission.

Board, Council, or Commission Name	City	State	Dates of Service

9-Please provide the names and contact information for 2 references who can speak to your qualifications for the desired appointment. Please select one professional and one personal reference.

Reference #1 (Professional/Work Reference):

NAME: _____

ADDRESS: _____

DAYTIME PHONE NUMBER: _____

Reference #2 (Personal Reference):

NAME: _____

ADDRESS: _____

DAYTIME PHONE NUMBER: _____

Should a vacancy occur on the board for a position for which you are qualified, your application will be provided to the Bastrop County Advisory Board of Health. The board will review and may make a recommendation to the Bastrop County Commissioners for appointment. The selected applicant(s) will fulfill the term of the appointment that was vacated.

Bastrop County Advisory Board of Health members, appointed by the Bastrop County Commissioners' Court will serve a three-year term, with no more than three consecutive terms served. Of note, municipal appointed members will serve a one-year term only, based on the respective city charter, unless the municipality chooses to appoint their member for a two-year term.

As an applicant for the above position for the Bastrop County Advisory Board of Health, I hereby waive my right to privacy with respect to the information contained in my application and any supporting documents attached thereto. The Bastrop County Commissioners and the municipal city councils, its officials or employees are authorized to make my application and supporting documents available for public inspection, including inspection by members of the press and media.

Your Signature: _____

Date: _____

Applications are due January 10, 2025. If applying through the **City of Bastrop** please email the form to **City Manager Sylvia Carrillo-Trevino** at scarrillo@cityofbastrop.org or **Mayor Lyle Nelson** at lnelson@cityofbastrop.org. Applications will be kept on file for one year. If you have any questions about the process, contact the Bastrop County Public Health Department at 512-581-4200.