

ANNOUNCEMENT
APPOINTMENT TO
HOSPITAL AUTHORITY OF COLQUITT COUNTY



In order for qualified citizens to be made aware of the opportunity to serve on the Hospital Authority of Colquitt County, the Colquitt County Board of Commissioners is hereby accepting applications for appointment.

The Colquitt County Board of Commissioners will accept applications and will choose three eligible candidates to submit to the Hospital Authority. Appointment will then be made by the Hospital Authority during the month of September. Each individual applying must complete a General Board Application and meet certain eligibility requirements. These documents are 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.

Applications will be accepted until vacancy is filled.



**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