

Full Name

PO BOX 9 Heppner OR 97836 Tel: 541-676-9133

Toll Free: 1-800-737-4113 www.morrowcountyhealthdistrict.org

In order to serve on the Morrow County Health District Board of Directors, you must reside in Morrow County and you must not be employed by Morrow County Health District.

Address

Phone	Email
We appreciate you taking the time to answer these que selection process.	estions, which will be used by the Board during the
Please tell us about your leadership qualities:	
Please tell us about any previous board experience you	u may have:
Please tell us about any experience you may have with	n a health district or healthcare in general:
Please describe your community involvement:	
Please share any other information you would like us t	to know (education, experience, etc.):
What is your vision for Morrow County Health District over the next five years?	
Please describe any conflicts of interest you may have	:
Signature	Date