

# Public Health Task Force Application



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Mailing Address (If different than above): \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Please check ALL that apply:

I am a:

- Concerned citizen
- Licensed Health Care Professional
- Representative of a hospital or clinic within Wright County
- Representative of a Wright County business and/or organization
- Community Provider
- Other: \_\_\_\_\_

Why would you like to become part of the Public Health Task Force?

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Meetings are scheduled for the **second Monday of the month at 9.00am**. They will be held at the Wright County Human Services building: 1004 Commercial Drive ~ Buffalo, MN 55313

**Please submit application to WCHS ~ Attn. PH LAC: 1004 Commercial Drive ~ Buffalo, MN 55313**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reviewed by: \_\_\_\_\_

Sent to Board: \_\_\_\_ / \_\_\_\_ / \_\_\_\_