



Morgan County Advisory Board Application

Morgan County Hospital Authority

Applicant Information:

Full Name

Address

Mailing Address (If different)

Telephone-Home

Telephone-Work

I reside in Commission District# _____

Board interested in serving on:

Hospital Authority

Background Information:

Occupation/Employer

Education:

Do you have any experience in the field you are applying? If so explain.

Contribution/Intentions:

What do you feel will be your biggest contribution if appointed to this board/position?

Other Comments or Information:

This board meets the last Thursday of each month at 5:30 P.M. in the Education Room, at 1740 Lions Club Road, Madison, GA. In addition, there are Special Called Meetings on an as needed basis.

Policy:

I understand the obligations and commitments required by this board/position. If appointed by the Morgan County Board of Commissioners, I agree to serve and faithfully execute the obligations and commitments of said board/position for the duration of the term of appointment. In all respects, I will uphold the ordinances and policies of Morgan County and all municipalities in a professional and courteous manner and fully divulge any and all potential conflicts of interest.

Signature

Date