

William Hagood  
President – Board of Health



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**JAMES J. ENYEART, M.D.**  
*Trumbull County Health Commissioner*  
TRUMBULL COUNTY HEALTH DEPARTMENT  
176 Chestnut N.E. • Warren, Ohio 44483  
[www.tcbh.org](http://www.tcbh.org)

## **BOARD OF HEALTH MEMBER APPOINTMENT INFORMATION For March 2011 Vacancy**

The Trumbull County Health District Advisory Council and the Trumbull County Board of Health are seeking interested parties who want to apply for appointment to a 5-year term on the Trumbull County Board of Health.

Health District Advisory Council requires all interested parties to complete a Nomination Petition for Appointment to the Trumbull County Board of Health, a copy of which can be obtained from the Trumbull County Health Department office or on their website [www.tcbh.org](http://www.tcbh.org).

In order to qualify for appointment to this Board of Health vacancy, a Candidate must be a U.S. Citizen and an elector (registered voter) residing within the Health District, and must complete and file a nominating petition on a form prescribed by the Health District Advisory Council. Residents of the cities of Warren, Niles and Girard are ineligible.

Applicants should submit a letter of interest, resume and nominating petition to Trumbull County District Advisory Council, c/o Johnna Ben, Trumbull County Health Department, 176 Chestnut Ave., N.E., Warren, Ohio 44483, by 4:00 P.M., Tuesday, February 22, 2011.

**TRUMBULL COUNTY HEALTH ADVISORY BOARD**

**NOMINATION PETITION FOR APPOINTMENT**

**TO**

**TRUMBULL COUNTY HEALTH BOARD**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Voting Precinct: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: (Circle Highest Level Completed)

High School 9 10 11 12 College 1 2 3 4

College Degree \_\_\_\_\_

Post Grad Degree \_\_\_\_\_

Related Skills, Activities, Experience in Health Administration or Government:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

We the undersigned members of the Trumbull County Health Advisory Board, hereby nominate the above candidate for appointment to the Trumbull County Health Board for the Full-Term commencing on \_\_\_\_\_.

Signature	Political Subdivision	Date

**\*Must be signed by 4 Voting Members of the Health District Advisory Council (i.e. Chairman of the Board of Township Trustees or the Mayor of the City or Village within the Health District) & submitted with letter of interest & resume.**