

**TULARE LOCAL HEALTHCARE DISTRICT  
COMMITTEE APPLICATION FORM**

Name of Applicant: Jennifer Burcham  
Home Address: [REDACTED] City: [REDACTED] Zip: [REDACTED]  
Home Phone: [REDACTED] Work Phone: 559-688-0821 x21769  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: [REDACTED]

COMPLETE NAME of Committee(s) you are interested in serving on as well as the position/area of interest for which you are qualified (if necessary).  
Tower Committee

List past or present District appointments, as well as any other public service appointments, or elected positions held (please list dates served):

Citizens for Accountability Group also Adhoc Committe to select the group who would lease the hospital

List any other community involvement:

Employer/ Employment History:

Worked for Tulare District from 2001-2008 when the original tower project started  
Work for Adventist Health Tulare since Sept 2018 when the hospital reopen

What experience or special knowledge can you bring to your area(s) of interest?  
No special experince, have learned everything by research and review of documents

Have you spoken with any Board Director regarding this position? \_\_\_ Yes  No  
If so, whom? \_\_\_\_\_

Signature [Signature] Date 12/8/2020  
Print Name Jennifer Bucham

**PLEASE RETURN COMPLETED FORM BY MAIL OR EMAIL TO:**

Administration  
Tulare Local Healthcare District  
P.O. Box 1136  
Tulare, CA 93275  
publicrequest@tulareregional.org