

**TULARE LOCAL HEALTHCARE DISTRICT
COMMITTEE APPLICATION FORM**

Name of Applicant: michael shaffer
Home Address: [REDACTED] City: [REDACTED] Zip: [REDACTED]
Home Phone: [REDACTED] Work Phone: _____
Business Address: 209 N N st City: tulare Zip: 93274
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 construction comm

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

none

List any other community involvement:

multiple service clubs
multiple volunteer efforts
active member in Citizens For Hospital Accountability

Employer/ Employment History:

Private practice in Tulare for 45yrs. I'm a Licensed Clinical Social Worker and a Licensed Marriage and Family Therapist.

What experience or special knowledge can you bring to your area(s) of interest?

graduate school training in community organization, served on the Hospital Ethics Comm, have a broad range of business experience and have stayed informed during these transition years (going to board meetings etc)

Have you spoken with any Board Director regarding this position? ___ Yes ___ NO No

If so, whom? _____

Signature

[Handwritten Signature]

Date 12-8-2020

Print Name

Michael Shaffer

PLEASE RETURN COMPLETED FORM BY MAIL OR EMAIL TO:

Administration
Tulare Local Healthcare District