TULARE LOCAL HEALTHCARE DISTRICT COMMITTEE APPLICATION FORM

Name of Applicant: Ross Gentry		
Home Address:	City:	Zip:
Home Phone:	Work Phone:	ı
Business Address:	City:	Zip:
Email Address:	, , ,	1
of interest for which you are quali Tower Construction Committee	e(s) you are interested in serving on as we fied (if necessary). Dintments, as well as any other public s	
elected positions held (please list o	• • •	
List any other community involve Tulare Joint Union High School District - tea		
Tulare County Office of Education, Assistar	nt Superintendent, Business Services	
Tulare Historical Museum Board		
Tulare Parks and Recreation Commission		
	07, Allensworth ESD 20080-09, Tulare County Office of Edi ia Academic Partnership Program 2013 - present	ucation 2010 - 2017
	edge can you bring to your area(s) of intested in the planning for the building of Mission Oak F	
Have you spoken with any Board If so, whom?	Director regarding this position?Ye	es X No
Signature Now Surface	Date 01-15-2021	
Print Name Ross Gentry		

PLEASE RETURN COMPLETED FORM BY MAIL OR EMAIL TO:

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