TULARE LOCAL HEALTHCARE DISTRICT COMMITTEE APPLICATION FORM

Name of Applicant: Philip M. Smith		
Home Address:	City:	Zip:
Home Phone:	Work Phone: 10	1
Business Address: 120 North Floral Street	City: Visalia, CA	Zip: 93291
Email Address:		1
COMPLETE NAME of Committee(s) y of interest for which you are qualified (_	ell as the position/area
Tulare Hospital Tower Construction Committee	(II riccessary).	
List past or present District appointmelected positions held (please list dates	• • •	service appointments, or
TLHCD Evolutions Oversight Committee (2017 -	2020)	
Board of Public Utilities, City of Tulare, Commissi	ioner (2011 - 2017), VP (2013 - 2016), Presid	ent (2017)
List any other community involvement Tulare Chamber of Commerce (in various capacities		re Chamber Trust.
Tulare Rotary Club (since 2011, currently on hon		
Employer/Employment History: Employed in financial services consistently since 1	1987. Primary focus since 1995 has been on c	commercial and construction
project finance and overall relationship managemen	nt. Currently employed by Central Valley Comm	nunity Bank as a VP and
Relationship Manager at the Visalia - Floral Office	e. 	
What experience or special knowledge Financial analysis, construction budgeting and dis		
experience as a resident of Tulare since 1992.		
Have you spoken with any Foard Direction	cton maganding this position?	es X No
If so, whom?	ctor regarding this position: re	.5 <u></u> INU
n oo, whom.		
Signature	Date 1/14/2021	

Print Name Philip M. Smith (was not able to sign on-line).

PLEASE RETURN COMPLETED FORM BY MAIL OR EMAIL TO:

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