TULARE LOCAL HEALTHCARE DISTRICT
COMMITTEE APPLICATION FORM

Name of Applicant: Linda Crase
Home Address: [redacted] City: [redacted] Zip: [redacted]
Home Phone: [redacted] Work Phone: n/a
Business Address: retired 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 Construction Committee

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

1992-2000 Tulare City Council
2010-2018 Tulare Planning Commission
2017-2020 Evolutions Oversight Committee

List any other community involvement:
Tulare Historical Society, past board member; Tulare County Habitat for Humanity, past board member; Tulare READ program, past volunteer; Tulare Leadership Program, graduate 1992; Tulare Chamber of Commerce, past board member and past member Chamber Governmental Affairs committee.

Employer/Employment History:
1984-2009 Tulare District Hospital
1979-1984 Small business owner with my husband

What experience or special knowledge can you bring to your area(s) of interest?
I have experience working in the community, as well as 25 years at Tulare District Hospital in Administration and Community Relations department. Life-long Tularean.

Have you spoken with any Board Director regarding this position? ____ Yes x No
If so, whom? _____

Signature Linda Crase **Date** December 9, 2020

Print Name Linda D. Crase

PLEASE RETURN COMPLETED FORM BY MAIL OR EMAIL TO:
Administration
Tulare Local Healthcare District
P.O. Box 1136
Tulare, CA 93275
publicrequest@tulareregional.org