

**TULARE LOCAL HEALTHCARE DISTRICT
COMMITTEE APPLICATION FORM**

Name of Applicant: Rick Alber
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Business Address: _____ City: _____ Zip: _____
Email Address: _____

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):

Tulare Hospital foundation Board of Trustees, 2019 Trustee of the Year, Volunteer of the Year

List any other community involvement:

Employer/Employment History:
Adventist Health Central Valley Network 2009-present

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

I have broad experience in the delivery of healthcare as a Registered Nurse, I am currently a RN at Adventist Health Tulare, I hold certification by The Board of Certification for Emergency Nursing as a Certified emergency Nurse, a Certified Pediatrics Emergency Nurse, and Certified Trauma Nurse. I also am a Certified ICU nurse, and have worked in Med_Surg.

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

Signature _____ **Date** 25, November 20320

Print Name Rick Albert

PLEASE RETURN COMPLETED FORM BY MAIL OR EMAIL TO:

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