



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
APPLICATION FOR ADVISORY COMMITTEE/COUNCIL/
BOARD/PANEL APPOINTMENT**

Name of Committee/Council/Board/Panel: Youth Camp Advisory Committee

Initial appointment Reappointment

Position Applying for: _____

Please complete this application in a brief, yet informative manner. If questions are not applicable, enter "NA."

1. Name: _____

2. Ethnic Origin: American Indian/Alaskan Asian/Pacific Islander Black or African-American
 Hispanic White Other: _____

3. Gender: Female Male

4. Education: _____

5. Professional License, Registration or Certification, if applicable: _____

6. Relevant Experience (paid employment or volunteer): RÉSUMÉS WILL NOT BE CONSIDERED

7. Please list any current or former membership or board position(s) you have held with other organizations:

8. Why do you wish to serve in this capacity? _____

9. Personal and professional achievements (please include activities that address contributions you could make to the committee):

10. Do you currently have any open complaints/disciplinary actions pending or have you ever been disciplined by any licensing board/professional or civic organization?

Yes, current complaint/disciplinary action pending Yes, past complaint/disciplinary action No

If yes, please explain: _____

11. Have you ever been convicted of a felony or a misdemeanor (excluding traffic violations)? Yes No

If yes, please explain: _____

12. Home Address:

Street or P.O. Box Apartment # City State Zip

Home Phone Number Home Fax Number Home e-mail

13. Employment Information:

Name of Employer Current Position Title

Street or P.O. Box Suite # City State Zip

Business Phone Number Business Fax Number Business e-mail

14. Where you would like to receive future communications: Home Employment

15. Please submit two signed and dated letters of recommendation.

I ATTEST THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.

Signature of Applicant Date

PLEASE RETURN THIS FORM TO:
Public Sanitation and Retail Foods Safety Group
The Texas Department of State Health Services
Public Sanitation and Retail Food Safety Group (Mail Code 1987)
P.O. Box 149347, Austin, Texas 78714-9347

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

Applications can also be submitted via fax and or e-mail at: 512-834-6707 or PHSCPS@dshs.state.tx.us .