



FOUNDATION FOR A
**HEALTHY
KENTUCKY**

Community Advisory Council Nomination Form

Nominations are accepted on an ongoing basis and will be considered quarterly with a priority on un/underrepresented areas of the Council membership profile. You may submit a nomination for yourself or someone else. Email completed form and for any questions, send to Mary Jo Shircliffe, Vice President Operations and Administration – mshircliffe@healthy-ky.org or 502-326-2583 or 877-326-2583. A confirmation of the receipt of your nomination will be sent via email.

Name of Nominee:	Degree (If applicable):
Preferred Phone:	Preferred Email:
City of Residence:	County of Residence:
Organizational Affiliations (i.e. employer, volunteer job or community/civic organization involvement)	Your title with that organization (i.e. Coordinator, Nurse, Volunteer, CEO, Board Member)
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Race/Ethnicity:	Gender:
Why are you interested in serving on the Council?	
Tell us a little about yourself (250 words max)	

Nominated by (if not self):

Name:	Email:
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