

Form Name: DuPage County Application Form for Appointment  
Submission Time: May 6, 2026 3:05 pm  
Browser: Chrome 147.0.0.0 / Windows  
IP Address: 97.224.73.233  
Unique ID: 1458390986

**Name of Board or Agency you are interested in appointment to** DuPage County Board of Health

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## Previous Board Experience

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**Have you ever served on this Board or Agency before?** Yes

**If yes, how long?** 3 years

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## Personal Information

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**Name** Margaret Harrell

**Email**

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**Address**

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**Phone**

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**Upload resume (PDF or Word format)** <https://dupagecounty-ktgfp.formstack.com/admin/download/file/19508164811>

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## Additional Information

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**Please explain why you wish to serve as an appointee and share any unique qualifications or experience you feel you would bring to this agency.**

I have served on the Board of Health for 3 years and I find this work rewarding and engaging. I believe my experience and qualifications provides a unique perspective that is a necessary component for the Board of Health.

I have lived in Eastern DuPage County for over 30 years. My background includes work experience in social services and healthcare in government, for profit and not for profit organizations. My background also includes serving on healthcare and educational boards in DuPage County, in addition to founding and operating a not-for-profit organization focused on Diversity Equity and Inclusion in DuPage County.

**Are you a lobbyist registered with the State of Illinois?** No

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**Are you an elected official?** No

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**Are you currently employed or have an ownership interest in a company that conducts business with the government entity to which you are seeking an appointment?** No

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**Do you have any relatives who are currently employed with the governmental entity to which you are seeking an appointment?** No

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### **Conviction Information**

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**Have you ever been convicted of a criminal offense?** No

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### **Submit Application**

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**Do you attest to the above?** Yes

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