

Form Name: DuPage County Application Form for Appointment
Submission Time: May 10, 2024 11:43 am
Browser: Chrome 124.0.0.0 / Windows
IP Address: 76.136.222.161
Unique ID: [REDACTED]

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

Previous Board Experience

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

If yes, how long? 12 years

Personal Information

Name Melinda Finch

Email [REDACTED]

Address [REDACTED]
Aurora, IL 60502

Phone [REDACTED]

Upload resume (PDF or Word format) <https://dupagecounty-ktgfp.formstack.com/admin/download/file/16335595575>

Additional Information

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 been able to see the Board of Health through the first building of the Community Center and am excited to be a part of the CRC addition. The growth over the last 12 years on the board is amazing. My experience as a nurse and lifelong resident of DuPage county allows me to bring a voice for the community. I teach in higher education and this experience enriches the students and community members I serve to reach all members of the county.

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

Are you an elected official? No

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

Do you have any relatives who are currently employed with the governmental entity to which you are seeking an appointment?

No

Conviction Information

Have you ever been convicted of a criminal offense?

No

Submit Application

Do you attest to the above?

Yes