



## Kent County Oral Health Coalition (KCOHC) Steering Committee Member Application

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name of current employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Please answer the following questions. You may attach additional information if desired.**

**1. I learned about the Kent County Oral Health Coalition from:**

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**2. I am interested in serving on the KCOHC Steering Committee because: (please include population or issue you would represent as a committee member)**

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**3. Please describe any special talents, skills and abilities that you possess and could offer in services as a KCOHC Steering Committee member:**

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**4. Please describe any volunteer activities in which you are currently involved and any from the past.**

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Please send this completed application to [kcohc@healthnetwm.org](mailto:kcohc@healthnetwm.org)