



Live Well. Health Matters.

April 3, 2018

The Beach Cities Health District (BCHD) Board of Directors is seeking **qualified high school students** (incoming juniors and seniors) to serve on its advisory committees. Committee members serve one-year terms and have a direct impact on the health and wellness programs and services BCHD provides to the Beach Cities community. Meetings are generally held quarterly and scheduled for the evening.

The following committees are each seeking candidates:

Community Health Committee

Identifies and advises the Board on community health and wellness concerns and recommends areas for programs and services.

Strategic Planning Committee

Assists the Board in formulating and fulfilling BCHD's vision, mission and goals.

Finance Committee

Assists the Board with ensuring BCHD's financial health.

An applicant must be a resident of Redondo Beach, Hermosa Beach or Manhattan Beach. Please complete the BCHD Committee Seat Application and submit it with your reference letters by noon on Monday, June 4. Top candidates will be contacted for an interview and appointments will be announced in July. The term is from July 1, 2018 through June 30, 2019.

High school students with questions about the positions or application process should contact Ali Steward, ali.steward@bchd.org or (310) 374-3426, ext. 194.

The BCHD Committee Application is available online at www.bchd.org or requested by telephone or email. **Applications are due by noon on June 4, 2018.** Completed applications can be faxed, emailed, dropped off or mailed to:

Beach Cities Health District
Committee Appointments
1200 Del Amo St.
Redondo Beach, CA 90277
Fax: (310) 376-4738
Email: Charlie.velasquez@bchd.org

Committee Seat Application

Applicant Information					
Name:					
School:	Grade:	Email:			
Current home address:				Contact Phone:	
City:	State:	Zip Code:			
Current GPA:	# of classes enrolled Fall 2019:	Favorite Subject:			
Committees of interest <input type="checkbox"/> Strategic Planning <input type="checkbox"/> Finance <input type="checkbox"/> Community Health					
Parent/Guardian Information					
Name:					
Email:				Contact Phone:	
Educational Background					
Please describe your academic and personal goals, and how these will be further achieved being a part of a Beach Cities Health District (BCHD) advisory committee. <i>Please limit your response to 200 words or less.</i>					

Honors & Recognitions

Please list all of the scholastic and school-related achievements you've attained during your high school career.

Service to the Community

Please highlight a few of your non-academic and/or extracurricular experiences and explain how these supplement your academic and personal growth. Be sure to describe any activities demonstrating your commitment to service in the community (e.g., volunteer opportunities).

Personal Letter of Interest

In this section, please describe your interest in being a part of a BCHD advisory committee, including why this type of work is important, how this aligns with your future goals, and how you would like to make an impact on the health and wellbeing of the Beach Cities of Hermosa Beach, Manhattan Beach and Redondo Beach. *Please limit your response to 500 words or less.*

Please provide a response if you would like to be a part of the Finance Committee

In this section, please describe why you would like to be a part of BCHD's Finance Committee, including what type of background you have that makes you ideal for serving in this capacity (e.g., math/economics/finance classes you've taken, examples of your commitment to fiscal responsibility, and how serving on the Finance Committee will benefit your long-term goals.) *Please limit your response to 350 words or less.*

References

Please attach letters of reference from one school administrator, one teacher and one friend who will provide a scholastic and/or character reference for you, and will attest to your work ethic and accountability as a part of this advisory committee.

	Name	Email:
Administrator		
Teacher		
Friend		

I have read and understand the importance of the advisory committee seat, and verify the information provided on this form is true to the best of my ability.

Signature of applicant:	Date:
Signature of parent/guardian:	Date: