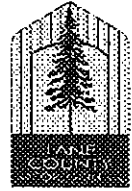


W.9.B.1.

AGENDA COVER MEMO



AGENDA DATE: January 19, 2005

TO: Board of County Commissioners

DEPARTMENT: Health & Human Services

PRESENTED BY: Rob Rockstroh

AGENDA TITLE: ORDER _____ / IN THE MATTER OF APPOINTING NEW MEMBER, DR. STEPHEN HULL, TO THE LANE COUNTY HEALTH ADVISORY COMMITTEE.

I. MOTION

ORDER _____ / In the Matter of Appointing New Member, Dr. Stephen Hull, to the Lane County Health Advisory Committee.

II. ISSUE OR PROBLEM

There is one vacancy on the Health Advisory Committee due to term expiration.

III. DISCUSSION

A. Background / Analysis

Committee vacancies were advertised from July 14, 2004 to August 13, 2004. At the close of the last advertising period one application was received.

New member would be appointed to position type/number as listed:

<u>Member</u>	<u>Appoint to Position #</u>	<u>Term Expiration</u>
Dr. Stephen Hull	Dentist (#10)	08/31/2008

B. Alternatives / Options

- 1) Appoint new member.
- 2) Reject current applicant and re-post.

C. Recommendation

To approve #1 above.

IV. TIMING / IMPLEMENTATION

Lane County Health Advisory Committee has been without a full membership for more than two months. Upon approval by the Board, letter of appointment will be processed for signature.

V. ATTACHMENTS

Current Health Advisory Committee Membership Roster
Application of Member Under Consideration

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION)
AND ORDER:) IN THE MATTER OF APPOINTING ONE NEW MEMBER, DR.
) STEPHEN HULL TO THE LANE COUNTY HEALTH ADVISORY
) COMMITTEE.

WHEREAS, The Lane County Health Advisory Committee has ONE vacancy due to term expiration; and

WHEREAS, application was reviewed by a quorum of the Health Advisory Committee;

NOW THEREFORE IT IS HEREBY RESOLVED AND ORDERED that the following individual be appointed to serve on the Lane County Health Advisory Committee as listed below:

<u>Member</u>	<u>Term Expiration</u>	<u>Position Type / Number</u>
Dr. Stephen Hull	08/31/2008	Dentist (#10)

DATED this ____ day of January, 2005.

Lane County Board of Commissioners

APPROVED AS TO FORM

Date 1/3/05 lane county

[Signature]
OFFICE OF LEGAL COUNSEL

LANE COUNTY PUBLIC HEALTH ADVISORY COMMITTEE

"The Committee shall consist of twelve (12) members, each of whom shall serve four (4) years expiring August 31, limited to two (2) consecutive terms, but staggered over the four-year period among the members." (By-Laws, Article III, A)

"Membership shall total twelve (12) to include: seven (7) at-large representatives (one of which is a food service representative), and five (5) health members, including: a physician, dentist, nutritionist, health educator, and an 'at large' professional." (By-Laws, Article II, B)

"Whenever a vacancy occurs during a term, the replacement shall be appointed only to fill the unexpired portion of the term." (By-Laws, Article IV, A) This sentence has been interpreted to mean that a committee member may serve two full terms after filling a vacated term.

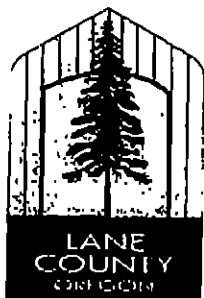
Pos. #	Members/ Representing	Term	Term Expires
1	James Lakehomer At-Large (Chair)	1	08-31-05
2	Jan Nelson At-Large (Secretary)	1	08-31-06
3	Ruth Duemler At-Large	1	08-31-07
4	Colleen Bauman At-Large	1	08-31-07
5	Cynthia Roberts Nutritionist	1	08-31-07
6	William Bass At Large	1	08-31-06
7	Gail Winterman At-Large	(CT)	08-31-08
8	Beverley Hollander Health Educator	1	08-31-06
9	Beverley Thomas Health Professional	1	08-31-05
10	Dentist	1	08-31-08
11	Richard Hansen MD Physician (Vice Chair)	1	08-31-05
12	Deborah Hope At-Large	1	08-31-07

Rob Rockstroh, Director, Health & Human Services - 682-4035 – rob.rockstroh@co.lane.or.us

Karen Gillette, Public Health Program Manager - 682-4013 – karen.gillette@co.lane.or.us

Lynnae Clark, Admin. Asst. - 682-3957 – lynnae.clark@co.lane.or.us

*(CT) = To complete unexpired term until date listed.



Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

Page 1 of 2

APPLICANT'S NAME AND CITY: STEPHEN HULL DMD Eugene, OR	DATE: 11-19-04
NAME OF ADVISORY COMMITTEE: Health Advisory Committee	PLEASE CHECK ONE: <input checked="" type="checkbox"/> New Applicant <input type="checkbox"/> Application for Reappointment

1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material.) Dentist in community for 30 yrs. Member - good standing ADA, ODA, AGD and Lane County Dental Soc.
2. Why do you want to become a member of this committee, and what specific contributions do you hope to make? I learn what services are currently available in community and help with ideas for improvement if necessary.
3. List the community concerns related to this committee that you would like to see addressed if you are appointed. I am not sure all services ^{that} are in place so there is an ongoing learning curve. I am familiar with The Headstart program and feel it should remain strong. Anything that helps kids in need is important.
4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.) Have worked with Headstart children over the years including two years on Headstart Board of directors.
5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of gender, race, color, national origin, religion, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort? I agree with the vision of Lane County.
6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?
NO
7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)
☒ No ☐ Yes Specify:
8. How did you learn about this vacancy? ☐ Newspaper ☒ Word of mouth ☐ Other:
Dr Keith McGillivray
9. In which County Commissioner District do you reside? please check one:
☐ Unsure ☐ West Lane County ☐ Springfield ☒ South Eugene ☐ North Eugene ☐ East Lane County

*The Board of Commissioners has adopted the following policy on reappointments:

a. Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.

b. The deadline for incumbent applications will be the same as the deadline for new applications.

* Unless waived by the Board



Lane County
CITIZEN ADVISORY COMMITTEE
APPLICATION

Page 2 of 2

Please Print

Name: HULL STEPHEN
(Last) (First)
Address: _____
(Street) (City) (Zip)

Home Phone: _____ How Long Have You Lived in Lane County? 3^d Years _____ Months

Occupation: Dentist Place of Employment: _____

Business Address: see place of employment Business Phone: _____

E-Mail Address: _____ Fax: _____

NOTE: Information in this box consisting of home addresses and phone numbers may be exempt from disclosure per ORS 192.502(3).

OPTIONAL INFORMATION

Lane County is required under state and federal guidelines to identify applicants by ethnicity, race, gender and age. Supplying this information will also assist Lane County in evaluating its Diversity Implementation Plan to achieve more diversity on its advisory committees. Providing this information will not adversely affect your opportunity to serve on this committee or board and this information is processed separately from the application. Completion of this section is entirely voluntary and remains confidential.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> African American | <input type="checkbox"/> European American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic/Chicano/Latino | <input type="checkbox"/> Other: | <input type="checkbox"/> Disability: *Type: |

*This information is used to ensure there is reasonable accommodation and representation on advisory boards.

Is your age over 40? ☒ Yes ☐ No

Lane County does not discriminate against any person on the basis of race, color, national origin, gender, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities.

Signature of Applicant _____

Date: _____

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

Please Return to: Lane County Administration
Public Service Building
125 East 8th Avenue
Eugene, OR 97401

NOTE: If you are not selected at this time, your application will be kept on file for 12 months from the date it was received and will be reconsidered as vacancies occur.