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04/08/14

APPLICATION FORM FOR WOODBURY COUNTY BOARD/COMMISSION

Please Return To:
Woodbury County Board of Supervisors, Room 104, Woodbury County Courthouse,
620 Douglas St., Sioux City, Iowa 51101
Phone: (712) 279-6525 Fax: (712) 279-6577 Website: <http://woodburytown.com>

Application For: Siouxland District Board of Health (Board/Commission)
Date: 3/27/14 E-mail Address: shauna.lafleur@fhcs1.com
Name: Shauna LaFleur
Address: 1321 Fox Ridge Trail, Sioux City, IA 51104
Phone Number: (712) 898-9064 (cell) Fax Number: (712) 239-8201
Business Phone: (712) 239-3300 Cell Phone: (712) 898-9064

This form assists the Board of Supervisors in evaluating the qualifications of applicants for appointment to a board or commission. State law requires political subdivisions to make a good faith effort to balance their appointive boards, commissions, committees, and entities according to gender by January 1, 2012, and each year thereafter.

Female Male

Place of employment and position (and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position):

I am currently employed as a family medicine physician at Family Health Care of Siouxland - Indian Hills Clinic.
I have previously served as a "Tobacco Wars" presenter providing information to 4th-6th graders to prevent smoking/tobacco use & as a volunteer for the Domestic Violence Intervention Program in Iowa City, IA.

The following questions will assist the Board of Supervisors in its selection.

How much time will you be willing to devote in this position?
= 2-4 hours/month

I completed additional coursework in Community Health Outreach in medical school as well.

Interest in Appointment: Describe in detail why you are interested in serving on a county board or commission. Include information about your background that supports your interest.

I am interested in becoming more involved in a leadership role in the community. I am especially interested in the Board of Health given my medical background, my interactions with some of the services provided through Siouxland District Health Dept. and my prior volunteer

Contributions you feel you can make to the Board/Commission: work in areas of health education and disease prevention.

As a current family physician I offer my broad medical background to fulfill the role of a licensed physician on the Board. As a family physician I regularly have interactions with many of the health related programs at District Health esp. the Maternal Health program, the Care for Yourself Program, WIC immunization clinics,

■ Direction/role you perceive of this Board/Commission:

To serve in a governing role for the Siouxland District Health Dept. and to provide direction along with adoption of policies to protect the health & wellness of Woodbury Co. residents.

■ In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?

■ Please provide two references who may be contacted on your qualifications for this position.

Name	Address	Phone number	Email address	Relationship
① Dr. Steven Shook	2600 Outer Dr N Sioux City, IA 51104	(712) 239-3300	steven.shook@fhs1.com	Physician in our clinic
② Dr. Frank Marino	2600 Outer Dr N Sioux City, IA 51104	(712) 239-3300	frank.marino@fhs1.com	Physician in our clinic

I certify that there is nothing that would prohibit me from serving on this board or commission.

Signature Shawna Jafaru MD Date 3/27/14

**YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND
DISTRIBUTED FOR THE PUBLIC.**