

pursuing continuous improvement in the health and prosperity of the region

851 French Moore Jr. Blvd.
Abingdon, Virginia 24210

APPLICATION FOR TASK FORCE

APPLICANT INFORMATION		
Name:		Date:
Street Address:		Apartment/Unit #:
City:	State:	Zip:
County: <input type="checkbox"/> Buchanan <input type="checkbox"/> Dickenson <input type="checkbox"/> Grayson <input type="checkbox"/> Lee <input type="checkbox"/> Russell <input type="checkbox"/> Scott <input type="checkbox"/> Smyth <input type="checkbox"/> Tazewell <input type="checkbox"/> Washington <input type="checkbox"/> Wise <input type="checkbox"/> Wythe		
City: <input type="checkbox"/> Bristol <input type="checkbox"/> Norton		
Phone:	Email Address:	
Current Employer:	Job Role/Title:	

BACKGROUND
What attributes/experiences do you have that would allow you to contribute to this Task Force?

COMMITMENT
<p>Are you able to commit to the time involved with being a member of this Task Force, including but not limited to: monthly meetings located in Abingdon, Virginia; periodic reviews of summary feedback from Ballad Health clientele; annual public hearings; annual review of Population Health Initiatives Fund; frequent communications with the Southwest Virginia Health Authority regarding Cooperative Agreement updates, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Southwest Virginia Health Authority

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and prosperity of the region

SWVA Health Authority
Virginia Highlands Small Business Incubator
851 French Moore Jr. Blvd.
Abingdon, Virginia 24210

COMMITMENT

Please inform us of any prior commitments or matters that may interfere with your participation as a member of the Task Force:

INITIAL CONFLICT ASSESSMENT

As a member of this Task Force you will be subject to the Virginia State and Local Government Conflict of Interests Act. Essentially, if you have a financial relationship with Ballad Health (or its predecessor organizations) you may have a conflict. You would also potentially have a conflict if a member of your immediate family has such a financial relationship. As an initial assessment, please check the appropriate box:

- ☐ I do not believe I have a conflict
- ☐ I may have a conflict
- ☐ I need more information

If necessary, explain further below:

If interested, please complete the application and scan or send it to kelly@mitchell-firm.com. Please note that all applications must be submitted by 5 p.m. on Friday, November 1, 2019.