



WHIDBEY ISLAND PUBLIC HOSPITAL DISTRICT
COMMISSIONER NOMINATION FORM

Thank you for expressing an interest in serving Whidbey Island Public Hospital District.

Please complete and return your application to: WhidbeyHealth 101 N Main Street Coupeville, WA 98239 or email to gleasj@whidbeyhealth.org. Applications must be received by 5:00 p.m. June 13, 2025, to be considered. Please include with this application a copy of a current resume or CV. If you have any questions, please contact Administration at email gleasj@whidbeyhealth.org

Name (please print)	Occupation
Home Address	Phone
Business Address	Phone
Fax	Email
Do you live within the boundaries of the District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are a registered voter? <input type="checkbox"/> YES <input type="checkbox"/> NO
What areas of expertise can you bring to the Board of Commissioners?	



Previous Board experience:

Community Activities which you have been involved in, including a brief description of your responsibilities:

Why do you want to serve as a Whidbey Island Public Hospital District Commissioner?

Briefly describe your past experiences and impression of WhidbeyHealth:

Signature of Applicant

Date