

**Seminole County Healthy Start Coalition
General Membership
Team Member Profile**



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Community of Residence: _____

Phone: _____ Alternate Phone: _____ Fax: _____

Email: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Ext. _____ Fax: _____

Email: _____

Select up to three categories that best describe your involvement in the community:

- | | | |
|---|--|--|
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Consumer | <input type="checkbox"/> County Health Department |
| <input type="checkbox"/> Migrant or Community Health | <input type="checkbox"/> Medical Society | <input type="checkbox"/> Hospital or Birthing Center |
| <input type="checkbox"/> Health Planning Organization | <input type="checkbox"/> Maternal/Infant Health Advocacy | <input type="checkbox"/> Education Community |
| <input type="checkbox"/> County/Municipal Government | <input type="checkbox"/> Social Service Organization | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Faith-Base Community | <input type="checkbox"/> Business Owner | <input type="checkbox"/> Other: _____ |
-

Signature _____

Printed Name _____

Date _____
