



**Warren County Health Department**

544 West Ridgeway Street

Warrenton, N.C. 27589

252) 257-1185

Fax (252) 257-2897

Margaret Brake, MHA  
Interim Health Director

**MEMORANDUM**

DATE: March 27, 2017

TO: Angelena Kearney-Dunlap  
Clerk to the Board of Commissioners

FROM: Margaret Brake *MB*  
Interim Health Director

RE: Statement of Interest to Serve on Health Board

The Warren County Board of Health reviewed the Statement of Interest to Serve from Cheryl Coffman at its March 21, 2017 meeting. They are recommending that Ms. Coffman be considered for appointment as an At-Large member to the Board of Health.

Thanks for your assistance in this matter.

## MEMORANDUM

To: Warren County Board of Health  
From: <sup>MB</sup> Margaret Brake, Member at Large  
Date: January 13, 2017  
Subject: BOH Resignation

This memorandum is to inform the board of my resignation from the Warren County Board of Health effective January 17, 2017. Thank you for the opportunity to serve the citizens of Warren County and to support the work of the Warren County Health Department. It has been an honor and pleasure to serve on the board for the past seven years.

Thank you and I wish you continued success.

## STATEMENT OF INTEREST TO SERVE

If you are a Warren County resident and would like to volunteer your time and expertise to your community, please complete and return to:

Warren County Board of Commissioners  
c/o Clerk to the Board  
PO Box 619  
Warrenton, NC 27589

Please list in order of preference the Boards and Commissions for which you would be willing to serve:

1. BOARD OF HEALTH
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Your full name CHERYL EDITH COFFMAN  
Date of Birth 1-11-46 Sex F Race W  
Mailing Address 212 BREHOW ST  
City and Zip Code WARRENTON NC  
Street Address \_\_\_\_\_  
City and Zip Code 252-213-8046  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Job Title RETIRED RN  
Company or Agency \_\_\_\_\_  
Email Address \_\_\_\_\_

Do you live in the county? Yes  No

Please list your County Commissioner District \_\_\_\_\_  
(This information can be obtained from the Board of Elections at (252) 257-2114).

### Educational Background

Name and Address of High School Attended SCHÖENBLICK H.S. GERMANY  
Name and Address of College Attended UGCC  
Degree Received RN, AD

Please list any military experience D

**This "Statement of Interest to Serve" will remain active for six (6) months from date received in the County Manager's office.**

If you are presently serving as an elected or appointed official, please explain: \_\_\_\_\_

Please list all past employers and volunteer experience you have had which may be beneficial in evaluating your qualifications.

Work Experience RN FOR WARREN COUNTY HOME HEALTH 1992-2011  
PROR - MANAGED 3 MEDICAL CLINICS IN WARREN COUNTY AT  
THE SAME TIME.  
MANAGED 5 FARMS TO INCLUDE: 42,500 CHICKENS, 1700 HEGS  
AND 250 CATTLE

Volunteer Experience HABITAT FOR HUMANITY  
COMMUNITY MEAL DISTRIBUTION PROGRAM

How did you become aware of Warren County volunteer opportunities? (Please circle appropriate response)

Newspaper

Current Warren County Volunteer

Other

If other, please explain: \_\_\_\_\_

If I am appointed to serve on one or more boards, I will agree by signing an Affirmation of Understanding, to attend the required number of meetings each calendar year and not to exceed unexcused absences by more than 25% or three (3) meetings in any calendar years.

Signature George Offman  
Date 2-3-17

*Please feel free to attach a resume if so desired.*

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