

# 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. Health Board
2. Social Services Board of Directors
3. Nursing Home Advisory Council
4. Home Health Advisory Board

Your full name Eva A. Brown

Date of Birth 4/7/55 Sex F Race B

Mailing Address 1141 Shooco Springs Road

City and Zip Code Warrenton, NC 27589

Street Address Same as above

City and Zip Code \_\_\_\_\_

Home Phone 252-432-3361 Work Phone Retired

Job Title Retired Asst. Health Director

Company or Agency Granville-Vance District Health Department

Email Address eabrown@embargo.mail.com

Do you live in the county? Yes  No

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

### Educational Background

Name and Address of High School Attended John Graham High School

Name and Address of College Attended Strayer University, Arlington, VA

Degree Received Master Public Administration

Please list any military experience \_\_\_\_\_

**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**

Asst. Health Director C-UDHD for 11 years  
Reimbursement Off. of Five County Mental Health for 16 years

**Volunteer Experience**

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

Newspaper

Current Warren County Volunteer

Other

If other, please explain: Co-Worker

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

CW Brown

Date

9/25/16

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