



Social Services

Los Alamos County Health Council

Membership Application

Please answer the following:

How long have you lived in Los Alamos County? 46 years

Name: Morris Pongratz Title: none

Mailing Address: 900 Circle Drive Los Alamos NM City, State, Zip: 87544

Telephone Number: 505-699-5312 E-mail Address: mpongratz1942@gmail.com

Organization: Kiwanis, JJAB Field of Work: Retired

1. Please indicate the region you reside in? ☐ White Rock ☒ Los Alamos ☐ Other: _____

2. Please select number of years that you have been involved in Los Alamos County through community service:

☐ 1-3 years of community involvement in Los Alamos County

☐ 3-6 years of community involvement in Los Alamos County

☒ 6 or more years of community involvement in Los Alamos County

3. Please explain your interest in serving as a member of the Los Alamos Health Council: I've been attending CHC meetings since about 2010. I am mainly concerned about welfare of our youth. I've been tracking the YYRS survey results for many years. I've been the Kiwanis Advisor to Key Club for 36 years. I have served 7 terms on the county council and one term on the school board. I'm a founder and Secretary of the LAPS Foundation. I have also served on the DWI Planning Council. The CHC has wonderful, caring members and I like to support their efforts. I've been attending the CHC's Youth Resiliency Committee meetings.

4. Please describe the population or community you serve or represent (including geographic area):
I would represent Kiwanis and JJAB. I'm also a member of the Betty Ehart Senior Center. I am chair of JJAB's youth committee.

5. Describe your familiarity with the healthcare system/services in Los Alamos County: I am



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familiar with the services provided by the Los Alamos Family Council and JJAB. I am familiar with the youth services provided by the LAHS Key Club.

6. Do any of the organizations you are affiliated with receive funding from Los Alamos County? If yes please describe: ____ Yes, JJAB gets some funding from LAC. ____

7. Please list any additional information you consider important: _____ I have the time.

Morris B Ponquitz

12-5-19

Signature

Date

On behalf of Los Alamos County, we thank you for your interest in the Los Alamos County Health Council.