



Social Services

Los Alamos County Health Council

Membership Application

Please answer the following:

How long have you lived in Los Alamos County? 2 years

Name: Desaree Jimenez Title: Family and Consumer Sciences / 4th Agent

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Telephone Number: 505-662-2656 E-mail Address: deswhitf@nmsu.edu

Organization: NMSU - Coop. Ext. Service Field of Work: Youth + Home Economics Programming

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 believe I have a lot to offer in terms of contributing to the health of the community. I provide diabetes education + prevention programs. Healthy living and nutrition programs. Monthly presentations at senior centers.

4. Please describe the population or community you serve or represent (including geographic area):

I serve Los Alamos County.

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

Still learning about healthcare system in LA County. Familiar w/ hospital.

6. Do any of the organizations you are affiliated with receive funding from Los Alamos County? If yes please describe:

NMSU - Los Alamos CES - my position + partial funding for 2 co-workers. Los Alamos Retired Organization.

7. Please list any additional information you consider important:

I believe it is important for me to stay abreast of other health programs in the County, as I look for opportunities to work together.

Alessee Jimenez

12/3/19

Signature

Date

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