

## Los Alamos County Health Council

### Membership Application

Please answer the following:

How long have you lived in Los Alamos County? 16 years

Name: Kristine Coblenz Title: Healthy Schools Initiative Director

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Organization: Los Alamos Public Schools Field of Work: Well-Being in Education

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 am interested in continuing my participation in CHC as  
a representative of Los Alamos Public Schools.

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

All public school students, staff, families and community  
members interested in youth + family resiliency in  
Los Alamos County.

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

I am well versed in the spectrum of services in LA County  
and have been involved with the CHC for more than 10  
years.

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

Yes. The WAPs Prevention Program and Family Liaison Program receive funding as well as community partners like NAB, FSN and the Teen Center.

7. Please list any additional information you consider important:

Thank you for your consideration. The CTE provides a unique venue for organizations who support our community's health and has been an invaluable resource to the public schools. We have appreciated the support and partnership.

Kristine Collentz

12/4/2019

Signature

Date

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