

Los Alamos County Health Council

Membership Application

Please answer the following:

How long have you lived in Los Alamos County? 10.5 years

Name: Lisa Zuhn

Title: JJAB Executive Director

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Organization: Juvenile Justice Advisory Board (JJAB) Field of Work: Non Profit Director

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 would like to represent the youth, and their families, of the community in all health related matters including wellness, mental health, physical health, etc.

4. Please describe the population or community you serve or represent (including geographic area):  
Los Alamos County youth and their families

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

I have been a resident for 10 years and utilized the local healthcare system/services. Additionally, through JJAB I work with and collaborate with various medical providers including most local therapists and counselors.

6. Do any of the organizations you are affiliated with receive funding from Los Alamos County? If yes please describe: Yes, JJAB has contracts with Los Alamos County to provide youth and family programming and services. \_\_\_\_\_

7. Please list any additional information you consider important:

JJAB has been a member of the Community Health Council for years and I would like to continue our involvement on the new Los Alamos County Health Council.

*Lisa Zuhn*

12/05/2019

**Signature**

**Date**

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