

# Application Form

## Profile

Wh \_\_\_\_\_ Harris \_\_\_\_\_  
 First Name Middle Initial Last Name

WH \_\_\_\_\_  
 Preferred Name

\_\_\_\_\_ \_\_\_\_\_  
 Email Address

516 E Slaughter Lane unit 2903 \_\_\_\_\_  
 Home Address Suite or Apt

Austin TX 78744  
 City State Postal Code

### Residency and District Information

#### Are you a City of Austin Resident? \*

Yes

#### Are you, or your employer, a registered lobbyist with the City or have you, or your employer, been registered as a lobbyist with the City Clerk within the past three years?

No

\_\_\_\_\_ Home: \_\_\_\_\_  
 Primary Phone Alternate Phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Business Phone

### Select Your District

District 2

Oncology SA Nurse Practitioner  
 Employer Job Title

## Interests & Experiences

Please tell us about yourself and why you want to serve on a board or commission

## Why are you interested in serving on a board or commission?

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I am interested in serving on the board to help make a positive change in the healthcare provided to the Travis county and Central Texas Community. During my Acute hospital experience i saw many people have to receive treatment for disease processes that could have been solved with quality primary care and preventative care measures. I hope to help create an open dialogue between patient and providers to help decrease ED visits which have to often become primary care centers. With the increasing cost of healthcare, i am interested in being part of a board that looks to examine new and innovative ways to change access to healthcare.

[Harris Jr CV 3 .pdf](#)

Upload a Resume

## Resume

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## Qualifications

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## Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

### Ethnicity

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African American

### Gender

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Male

### Sexual Orientation

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Gay or Lesbian

02/17/1987

Date of Birth

Disability or Impairment Information

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### Do you have an auditory/hearing disability or impairment?

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No

### Do you have a visual disability or impairment?

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No

### Do you have a mobility disability or impairment?

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No

**Do you have a cognitive disability or impairment?**

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No

**Do you have another disability or impairment you'd like to share?**

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## **Board Requirements**

**Which Boards would you like to apply for?**

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Central Health Board of Managers: Submitted

Some boards have additional requirements for appointees. Additional requirements will appear below as they apply to each board.

Question applies to Central Health Board of Managers

**Please select the requirements you have met (Central Health Board of Managers): \***

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- City Council & Travis County
- Commitment to Mission and Values of Central Health ([http://centralhealth.net/vision\\_mission\\_values.html](http://centralhealth.net/vision_mission_values.html))
- Demonstrated experience in community engagement/involvement, particularly in the area of persons accessing health services.
- Demonstrated knowledge and experience in health care finance and accounting, financial conflicts of interest in environment ensuring financial transparency
- Experience serving on boards of directors or in senior management positions
- Knowledge of Central Health Partners and how services are delivered by them in collaborations with Central Health
- Knowledge of the issues and components related to the 'safety net' health system and the delivery of services to vulnerable populations
- Mature and seasoned community leader and advocate, with knowledge of community, social, and health/medical services, private business, government, or law
- Travis County
- Understanding of multiple cultures and ethnicities with experience in removing barriers to health care services access for these individuals

