



Bureau of Workers' Compensation

Geauga County Safety Council  
P.O. Box 801  
Middlefield, Ohio 44062  
safety@middlefieldcc.com

**APPLICATION FOR APPOINTMENT  
TO GEAUGA SAFETY COUNCIL ADVISORY COMMITTEE**

**NAME OF APPLICANT:** \_\_\_\_\_

**EMPLOYER'S ADDRESS:** \_\_\_\_\_

**CONTACT INFORMATION:** Work \_\_\_\_\_ Home \_\_\_\_\_  
Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**NEW TERM:** Beginning \_\_\_\_\_ Ending \_\_\_\_\_

**UNEXPIRED TERM:** Beginning \_\_\_\_\_ Ending \_\_\_\_\_

**GEAUGA SAFETY COUNCIL MEMBER:**

**NAME OF EMPLOYER:** \_\_\_\_\_

**POSITION HELD:** \_\_\_\_\_

**PLEASE PROVIDE A BRIEF STATEMENT AS TO WHY YOU FEEL YOU ARE QUALIFIED FOR THIS APPOINTMENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DUTIES**

- Assist with Safety Council calendar
- Assist with meeting preparation and clean-up
- Assist with planning of activities
- Attend a majority of monthly meetings, events, regular and special meetings
- Assist on a special sub-committee of interest
- Perform such other duties as assigned by the Board

**UNDERSTANDING:**

I certify that my employer is an actively participating member of the Geauga Safety Council and that no outstanding debts are owed to the Geauga Safety Council. If my employer discontinues participation, my opportunity to continue to serve on the Geauga Safety Council Advisory Committee will be reviewed.

My appointment is by majority of the Board of Directors for a 2 year term, with reappointment without limit on terms.

I understand that this is an appointed position, and that I serve as a voluntary representative for my employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed