

## Kathy Hayes

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**From:** noreply@civicplus.com  
**Sent:** Tuesday, August 25, 2020 3:13 PM  
**To:** Kathy Hayes; Tracye Bailey  
**Subject:** Online Form Submittal: Application Citizen Advisory Board

### Application Citizen Advisory Board

Please Read This Important Notice Before Filling Out Application:

*The Board of Commissioners greatly appreciates your interest. After review of the applications the Board will consider appointments at its Regular Meeting, which is normally the first Tuesday of the month. After the appointments have been approved at the Regular Meeting, each applicant will be contacted regarding his/her appointment. If you have any questions, please do not hesitate to call 706-769-5120 or email Kathy Hayes, County Clerk, at khayes@oconee.ga.us or Tracye Bailey, Deputy Clerk, tbailey@oconee.ga.us.*

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Name	Mohamed Ahmed
Address	1270 VICTORIA RD
City	Watkinsville
State	GA
Zip Code	30677
Occupation	IT Consultant
Home Phone Number	<i>Field not completed.</i>
Work Phone Number	<i>Field not completed.</i>
Cell Phone	
Email Address	
I would like to apply for the following committee:	Board of Health
Do you live within a city/municipality?	Yes
If yes, which city?	Watkinsville
Briefly explain your educational background	Bachelor of Medicine, Bachelor of Surgery (MB BCh), specialized in medical imaging archiving and post processing.

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Are you the owner or officer in any business or corporation?	Yes
Is your spouse/immediate family member an owner or officer in a business or corporation?	No
Please explain any previous experience with State or Local Government	None
Briefly explain why you seek this appointment	I may be able to help with my experience in the medical, IT, and business fields.
If appointed, I agree to serve.	Mohamed Ahmed
Today's Date	8/25/2020
Would you be willing to serve on a committee for which you did NOT apply?	Yes
If yes:	I would like the opportunity to serve on any committee

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**Kathy Hayes**

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**From:** noreply@civicplus.com  
**Sent:** Tuesday, August 25, 2020 9:23 AM  
**To:** Kathy Hayes; Tracye Bailey  
**Subject:** Online Form Submittal: Application Citizen Advisory Board

**Application Citizen Advisory Board**

Please Read This Important Notice Before Filling Out Application:  
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Name	Steve Grogan
Address	1030 Miriam Pl.
City	Watkinsville
State	Ga.
Zip Code	30677
Occupation	Fireman/ healthcare
Home Phone Number	678-982-4843
Work Phone Number	Field not completed.
Cell Phone	[REDACTED]
Email Address	[REDACTED]
I would like to apply for the following committee:	Board of Health
Do you live within a city/municipality?	Yes
If yes, which city?	Watkinsville
Briefly explain your educational background	I've been a fireman for 35yrs and been the healthcare industry for 10 yrs. I've been and currently am on the frontlines of the

Covid-19 pandemic. I have a unique Perspective on the healthcare industry.

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Are you the owner or officer in any business or corporation?      Yes

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Is your spouse/immediate family member an owner or officer in a business or corporation?      No

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Please explain any previous experience with State or Local Government      I've been on various Committees with the fire department.

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Briefly explain why you seek this appointment      I have a upfront engaged unique Perspective on how to engage public health.

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If appointed, I agree to serve.      Steve Grogan

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Today's Date      8/25/2020

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Would you be willing to serve on a committee for which you did NOT apply?      No

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If yes:      I would prefer to serve on (list committee below)

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List committee      Board of Health

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## Kathy Hayes

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**From:** noreply@civicplus.com  
**Sent:** Thursday, September 3, 2020 7:45 PM  
**To:** Kathy Hayes; Tracye Bailey  
**Subject:** Online Form Submittal: Application Citizen Advisory Board

### Application Citizen Advisory Board

Please Read This Important Notice Before Filling Out Application:

*The Board of Commissioners greatly appreciates your interest. After review of the applications the Board will consider appointments at its Regular Meeting, which is normally the first Tuesday of the month. After the appointments have been approved at the Regular Meeting, each applicant will be contacted regarding his/her appointment. If you have any questions, please do not hesitate to call 706-769-5120 or email Kathy Hayes, County Clerk, at khayes@oconee.ga.us or Tracye Bailey, Deputy Clerk, tbailey@oconee.ga.us.*

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Name	Michael Martin
Address	1270 Arizona Bend
City	Watkinsville
State	GA
Zip Code	30677
Occupation	Professor, UGA (part time)
Home Phone Number	706-484-2029
Work Phone Number	Field not completed.
Cell Phone	
Email Address	
I would like to apply for the following committee:	Board of Health
Do you live within a city/municipality?	Yes
If yes, which city?	Watkinsville
Briefly explain your educational background	BS in mathematics, Wayne State University (Detroit, MI) MHA with a concentration in health policy and administration, University of GA

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Are you the owner or officer in any business or corporation?	No
Is your spouse/immediate family member an owner or officer in a business or corporation?	No
Please explain any previous experience with State or Local Government	Multiple management consulting engagements with departments of public health and social services in Michigan, Virginia, and Tennessee. Served on governor's task forces in Georgia on health insurance for the uninsured..
Briefly explain why you seek this appointment	I have spent over 40 years working in healthcare administration as a consultant. Clients have included state governments (Medicare, CHIP), HMOs, hospitals, pharmaceutical companies, health insurance companies. I also served on the administrative board of directors of St. Mary's Good Samaritan Hospital in Green County Georgia before moving to Watkinsville in 2017. have a long standing interest in healthcare and currently teach part-time in the College of Public Health at the University of GA where my focus is on management in public health organizations. My interest and experience should be well suited to serve on the Board of Health, where I believe I can make a positive contribution.
If appointed, I agree to serve.	Michael Martin
Today's Date	9/3/2020
Would you be willing to serve on a committee for which you did NOT apply?	Yes
If yes:	I would prefer to serve on (list committee below)
List committee	Health, Development Authority, Planning Commission

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**Kathy Hayes**

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**From:** noreply@civicplus.com  
**Sent:** Wednesday, August 26, 2020 1:24 PM  
**To:** Kathy Hayes; Tracye Bailey  
**Subject:** Online Form Submittal: Application Citizen Advisory Board

**Application Citizen Advisory Board**

Please Read This Important Notice Before Filling Out Application:  
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Name	Rachel Swartz
Address	1061 Deer Trail
City	Bishop
State	GA
Zip Code	30621
Occupation	Business Coordinater - Athens Downtown Development Authority
Home Phone Number	<i>Field not completed.</i>
Work Phone Number	706-353-1421
Cell Phone	[REDACTED]
Email Address	[REDACTED]
I would like to apply for the following committee:	Board of Health
Do you live within a city/municipality?	No
Briefly explain your educational background	I have a dual major BA in Environmental Science and Communications from Adrian College in Adrian, Michigan

Are you the owner or officer in any business or corporation?	No
Is your spouse/immediate family member an owner or officer in a business or corporation?	No
Please explain any previous experience with State or Local Government	I have worked for the Clinton County (Ohio) Solid Waste District, and the Oakland County (Michigan) Health Department as a Public Health Sanitarian. I currently work for the Athens Downtown Development Authority.
Briefly explain why you seek this appointment	I want to get involved in the community in which I reside. I have experience with public health, so I feel this would be the best fit for me.
If appointed, I agree to serve.	Rachel Swartz
Today's Date	8/26/2020
Would you be willing to serve on a committee for which you did NOT apply?	Yes
If yes:	I would prefer to serve on (list committee below)
List committee	Board of Health, Board of Elections, or Library Board

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