

RESOLUTION # _____

**“RESOLUTION APPOINTING COMMUNITY ACTION OF LARAMIE COUNTY
BOARD MEMBER”**

BE IT RESOLVED by the governing body of Laramie County, Wyoming,
_____ shall be and is hereby appointed as a member of the Board of Directors of
the Community Action of Laramie County to perform the duties of said Board according to law
for a three-year term which will expire June 30th, 2027.

PRESENTED, READ AND ADOPTED this ____ day of _____, 2024.

BOARD OF LARAMIE COUNTY COMMISSIONERS

Chairman

ATTEST:

Debra Lee, Laramie County Clerk

Reviewed and approved as to form:



Laramie County Attorney's Office

OATH OF APPOINTMENT

THE UNDERSIGNED does solemnly swear (or affirm) to honor and sustain the
constitution of the United States, the constitution of the State of Wyoming, and to faithfully,
honestly and impartially discharge all duties as a member of the Board of Directors of Community
Action of Laramie County.

MEMBER OF THE BOARD OF DIRECTORS OF
COMMUNITY ACTION OF LARAMIE COUNTY

Signature

Date

Witness

Date

APPOINTMENT APPLICATION

Board/committee/commission: Community Action of Laramie County

Name: Lois Prickett Preferred Name: _____

Mailing Address: 3616 Concord Rd Home Address: same
Cheyenne, WY

Phone: 307-630-65 94 Spouse: Donald (Dan) Prickett

Occupation: Retired Public Health Nurse Self-Employed? No

Employer/Name of business: Cheyenne Laramie County Health Department

Address / Zip: 100 Central Cheyenne Wy 82007 Phone: _____

Year Employed: 21 years Years of Laramie County Residency: 31 years

Fax: _____ Email: _____ Cell: _____

Education/Degrees: BSN Nursing

Other community memberships: Master Gardners of Laramie County, Ascension Lutheran Churchj

Please explain your interest in serving on this Board/Committee/Commission (attach additional pages if needed):

I was appointed to CALC Board of Directions by the LCC to complete a term November 2021. I am active on the Crossroads Healthcare Clinic for the Homeless, the Policy, Personnel, Risk Management Committees. I would like the opportunity to continue working with this important non-profit group.

Signature: Lois Prickett Date: 5-2-2024

Please return to: Laramie County Commissioner's Office
310 W 19th St, Room 300
Cheyenne, WY 82001
Fax: 307-633-4267
Email: commissioners@laramiecounty.com
Phone: 307-633-4260

=====For Office use Only=====

New Appointment: _____ or Reappointment: _____ Term Length: _____ Year(s)

Full Term: _____ or Unexpired Term: _____ Expiration Date: _____

Comments: _____