



Chatham County Volunteer Application for Boards & Committees

If you have any questions, contact Lindsay Ray at 919-545-8302 or email:
lindsay.ray@chathamnc.org

PERSONAL INFORMATION

Name: Dr. Karen N Barbee

DATE: April 16, 2017

MAILING ADDRESS (P. O. Box or Street) 662 Legacy Falls Dr South

Town and Zip Code: Chapel Hill 27517

HOME ADDRESS (if different than above) _____

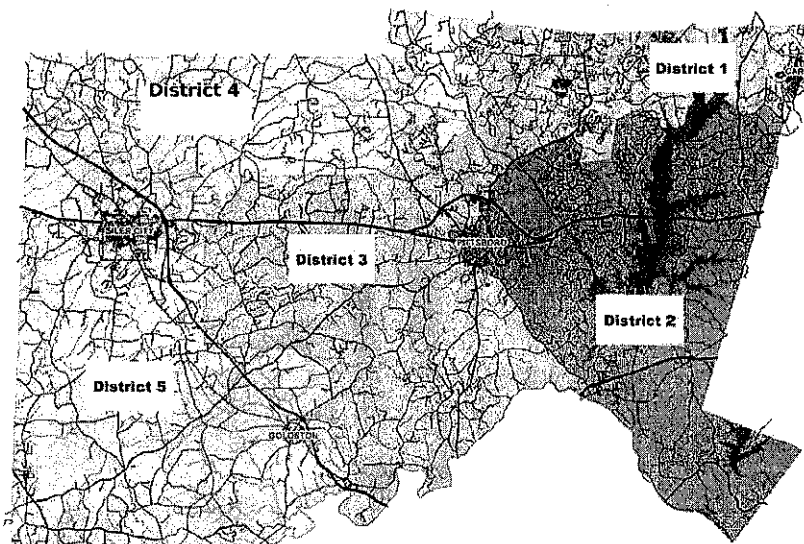
Town and Zip Code _____

Home Phone _____ Cell phone: 919-413-3722

Email Address rwelnessservices@gmail.com

Which Board of Commissioners district do you reside in? You can use the map below or to look up your voter record, [CLICK HERE](#)

District 1 ☒ District 2 ☐ District 3 ☐ District 4 ☐ District 5 ☐



Are you currently serving on a board or committee in Chatham County? Yes ☐ No ☒

If yes, which one(s):

Select up to THREE boards or committees on which you would be willing to serve:

- | | |
|--|--|
| <input type="checkbox"/> Agriculture Advisory Board | <input type="checkbox"/> Library Advisory Committee |
| <input type="checkbox"/> Appearance Commission | <input type="checkbox"/> Nursing & Adult Care Home Community Committee |
| <input type="checkbox"/> Board of Equalization & Review | <input checked="" type="checkbox"/> Planning Board |
| <input checked="" type="checkbox"/> Board of Health | <input type="checkbox"/> Recreation Advisory Committee |
| <input checked="" type="checkbox"/> Board of Social Services | <input type="checkbox"/> Transportation Advisory Committee |
| <input type="checkbox"/> Climate Change Advisory Committee | <input type="checkbox"/> Zoning Board of Adjustment |
| <input type="checkbox"/> Environmental Review Advisory Committee | <input type="checkbox"/> OTHER: |

Why do you wish to serve the county in this capacity?

As an individual who works in the healthcare field, I truly believe in healthcare that benefits all people no matter their background or socioeconomic abilities. I also understand how powerful having access to good healthcare can be for any community. Healthcare affects us all and it is only just that as a community we work together to ensure that our healthcare needs are met collectively. I want to work as a team player alongside other community members to ensure that this occurs.

EDUCATION

Please list your educational background. Include names of schools and degrees held.

Chatham Central high school- HS diploma
NC A&T State University- BS of Journalism & Communications (Public Relations)
NC A&T State University- MS of Clinical Mental Health Counseling
Argosy University- EdD in Counselor Education & Supervision

EMPLOYMENT

Name of Employer: Renaissance Wellness Services, LLC

Address of Employer: 288 East St. Set. 1001-F7

Position: Owner/CEO

Work Phone: 919-259-5308

CIVIC INVOLVEMENT

Please list the names of the civic organizations in which you currently hold membership:

The League of Women Voters (Chatham, Orange & Durham)
Missions Director @ Word Of Life Christian Outreach Center
Chatham Health Alliance Mental Health Subcommittee

DEMOGRAPHIC INFO (OPTIONAL)

We ask your help in assuring the diversity of membership on our boards and committees. This section is optional, and you may leave it blank.

GENDER:

Male ☐

Female ☒

ETHNIC ORIGIN/RACE:

White, non-Hispanic ☐

African-American ☒

Hispanic ☐

Asian or Pacific Islander ☐

Native American ☐

Other ☐

Year of Birth 1985