



# COUNTY OF NUECES

12/01

## APPLICATION FOR APPOINTMENT TO BOARD OR COMMISSION

\*Incumbents need not fill out this application; submit letter of interest only\*

**PLEASE TYPE OR PRINT YOUR INFORMATION TO COMPLETE THE APPLICATION.**

A RESUME MUST ACCOMPANY THE APPLICATION, BUT IT DOES NOT SERVE AS A SUBSTITUTE FOR COMPLETION OF THIS APPLICATION. CONSIDERATION WILL NOT BE GIVEN TO APPLICANTS WHO DO NOT HAVE A COMPLETED APPLICATION AT THE TIME THE APPOINTMENT IS PLACED ON THE AGENDA.

For what Board or Commission are you applying? test **BEHAVIORAL HEALTH CENTER**

PERSONAL INFORMATION			
Name	LINDA G. FROST		
Home Address	5540 OSO PARKWAY		
City	CORPUS CHRISTI	Zip Code	78413
Phone		Work Phone	
Email Address			
Residence in Nueces County	<input type="checkbox"/>	Precinct 1	Precinct 2
		Precinct 3	Precinct 4
Current Employer	RETIRED		
Dates of Employment	FROM		TO
Have you served on any board, commission, committee or as an elected official in Nueces County?			
<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	If you answered yes, please list position and dates of service.	
Do you or an immediate family member* have a professional or financial relationship that may present a potential conflict of interest for this board, commission or similar body? (i.e., employment, contracts, financial investment)			
<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	If you answered yes, please explain below.	
Do you or any immediate family member* have or have had any pending legal matters related to Nueces County or any board, commission or similar body within Nueces County?			
<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	If you answered yes, please explain below.	

**EDUCATIONAL BACKGROUND**

GED     HS Diploma     College Degree (indicate degree) Doctor of Ministry

**CERTIFICATIONS**

Type	<u>ASSOCIATION 1 PROFESSIONAL CHAPLAINS - Board Certified</u>	Expiration Date	<u>2018</u>
Type	<u>INDIANA LICENSE 38000790A - CERTIFIED SOCIAL WORKER</u>	Expiration Date	<u>2018</u>
Type	<u>INDIANA LICENSE 35000363A - CERT. MARRIAGE/FAMILY THER.</u>	Expiration Date	<u>2018</u>
Type		Expiration Date	

**PROFESSIONAL AND COMMUNITY AFFILIATIONS/POSITIONS HELD**

(PRESENT APPOINTMENTS TO BOARDS, COMMISSIONS, ADVISORY BOARD OR COMMITTEE)

Name of Organization		Dates of Service	
Name of Organization		Dates of Service	
Name of Organization		Dates of Service	

**COUNTY BOARD OR COMMISSION INFORMATION**

**Explain why you are interested in serving on this Board or Commission and what experience you bring that would assist in decision making and future actions of this Board or Commission.**

*With more than 30 years in health/mental health services beginning in 1972 as social worker & ending 2016 as a Board Certified Chaplain & 25 years in ministry posts, I'm long committed to the community & providing to those who struggle for access to quality care & resources. I understand care in both public & private sector, clinical & congregational settings which would allow me to consider decisions/actions from a comprehensive perspective.*

I hereby certify that the foregoing answers are true. I further certify, should I be considered for appointment to a board, commission, advisory board or committee I will disclose in this application whether I am an employee of the governmental entity of which I seek appointment, I will disclose all appointments that may result in conflicting loyalties, and I will disclose if a family member is an employee of the governmental entity that I seek appointment. Also should I be appointed to a board, commission, advisory board or committee, and should a conflict of interest exist or develop with regard to a specific matter, I will disclose the conflict of interest upon discovery and recuse myself from the deliberations and action involved. Conflicts of interest include, but are not limited to: a direct or indirect financial interest by myself or a member of my family, and other interest, which impairs my ability to participate fairly in the deliberations and actions in question.

*[Signature]*  
Signature

12-15-17  
Date

**\*Immediate family member definition: wife, child, spouse of child, mother, father, aunt, uncle, grandparent**

**APPLICATION AND RESUME MUST BE SUBMITTED TO THE COUNTY JUDGE EMAIL OR USPS TO [loyd.neal@co.nueces.tx.us](mailto:loyd.neal@co.nueces.tx.us)**

**MAILING ADDRESS:  
901 Leopard Street, Suite 303 Corpus Christi, Texas 78401**

*Information provided in "Application for Appointment to Board or Commission" is subject to public disclosure under the Texas Public Information Act or other applicable law. Pursuant to Section 552.1175 of the Texas Government Code a peace officer, county jailer, commissioned security officer, and certain others with law enforcement or prosecution related responsibilities may restrict access to certain personal information. A form requesting restriction of access can be obtained through the County Judge's office*



**LINDA GAIL FROST**

**ADDRESS:** 5540 Oso Parkway ; Corpus Christi, Tx 78413

**CONTACT:**

**DATE OF BIRTH:**

**PHONE:**

**MARITAL STATUS:** Single

**EDUCATION**

- Butler High School Louisville KY Graduated: June 1968
- Georgetown College Georgetown KY Bach/Arts: May 1972 Psychology Major, Social Work Minor
- Southern Baptist Theological Seminary Louisville KY Master of Divinity 1978; Doctor of Ministry 1982
- Clinical Pastoral Education: 1) University Hospital Louisville KY May 1979; 2) Baptist Hospital East Louisville KY Aug 1992; 3 & 4) University of Kentucky School Allied Health Professions, Lexington KY Dec 1994, May 1995

**PROFESSIONAL SOCIAL WORK EXPERIENCE**

- Department of Public Welfare Corpus Christi TX October 1972 - August 1976

**PROFESSIONAL MINISTRY EXPERIENCE**

- CHRISTUS SPOHN HOSPITAL SHORELINE Corpus Christi, TX Staff Chaplain May 2011 - May 2016
- Bloucher/Pleasant Hill (IN) UMC Bloucher, IN Preaching Pastor Nov 2010 - May 2011
- Sts Mary & Elizabeth Hospital, JHSMH Louisville, KY Director, Chaplain Services Nov 1992 - Apr 2011
- KOALA Hospital Columbus Indiana Chief Chaplain July 1991 - Nov 1992
- Southern Baptist Theological Seminary Louisville, KY Staff Chaplain Nov 1989 - July 1991
- Visiting Professor Aug 1983 - May 1984
- Taught two units of Church and Community Course 3630 *The Community Context for Christian Ministry*
- Walnut Street Baptist Church Louisville KY Minister of Counseling & Community Nov 1979 - Nov 1989
- Woodhaven Medical Services Louisville KY Staff Chaplain Sept 1979 - Feb 1980
- WestSide Baptist Church Louisville KY Youth Pastor May 1978 - Dec 1979

**VOLUNTEER MINISTRY & WRITING**

Chaplain & Pastoral Consultant for out-patient hospice program and Ethics Committee member for Visiting Nurse Association/Hospice of Southeastern Indiana, Jeffersonville IN 1994-1996

Steering Comm Chair for KY Chaplain Association 1995-2011

Spiritual Director for Kairos Outside Ministries Corpus Christi TX Chapter, 2011, 2012, 2013, 2015

Spiritual Director for Journey to Damascus Corpus Christi TX 2014, 2015

Contributor: "A Legacy of Mission & Ministry" in Community and Diversity by Bill J Leonard, editor, 1991 Simons-Neely Pub

Contributor: "From a Distance" in Chaplaincy Today journal, 2002

Contributor: "Making Room," "The Faithfulness of God," "Of Disciples & Discipleship" in Women at the Well: Meditations that Quench Our Thirst, Volume 2, Judson Press

**PROFESSIONAL CREDENTIALS**

Association of Professional Chaplains, Board Certified Chaplain

National Association of Catholic Chaplains, Affiliate Member

American Association of Marriage & Family Therapy, Clinical Member

Indiana License #33000790A Certified Social Worker

Indiana License #35000353A Certified Marriage & Family Therapist

Clergy Ordination June 1979 American Baptist Churches

**REFERENCES** Are available and will be provided on request