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## Lowndes County Board/Agency Appointee Information Sheet - Submission #168

Date Submitted: 4/26/2024

Date:	Board/Agency Applying For:		
4/26/2024	Hospital Authority of Valdosta and Lowndes County, Georgia		
Last Name	First Name		
Garland		Shirley J.	
Street Address			City/State/Zip
			Valdosta, GA 31602
Phone Number		Email Address	
Occupation			
Retired Registered Nurse			
Professional Experience			
Registered Nurse, Business	Owner		
Knowledge & Skills			
	of Science in Nursing (BSN) fron e Valdosta Citizens Fire Academ		ersity. Completed the Valdosta Government dosta Citizens Police Academy.
What knowledge or skills do appointed?	you possess that would contribut	e to the Board/Agenc	y to which you are requesting to be
Please list the Board/Agency that you have been or are currently a member of:			
Served on the American Red Cross Board. Served on the Valdosta Technical College Board. Member of the Valdosta Lowndes Chamber of Commerce. Hospice Volunteer.			